TO HOSE AL OR ATT INDING PHYSICIAN: The law requires that the death certificates thin 24 hours after death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this cartificate has been signed by the attending physic, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, gremation, or removal, and in any event, within 72 hours after death.

YR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

9016

CERTIFICATE OF DEATH

1. PLACE OF DEATH	~ _			2. USUAL RESIDE	ENCE (Where			Idence before	admission)
Cec	11	MARYL	AND	a. STATE	ryland	b. COUN	ITY	-	
b. CITY OR TOWN III	outside corporete limits.	c. LENGTH OF STAY				rporate limits, write	RURAL and g	ive neerest for	wn)
-	give nearest town) Point	18yrs. 10mo.	7200	ra Ro	ltimore				
	AL OR INSTITUTION (if not in			d. STREET ADDRE		7.	A 100 A		RESIDENCE
Veterans Ad	lministration	Hospital		3017	Barcla	y 31	101-	The same of the sa	A FARM?
3. NAME OF DECKASED	First	Middla		Lest	4. DATE	Monti	1	Dey Yes	ar
(Type or print)	ANGELO	(NMI)		ANCERINI	DEAT	H Augu	ıst	1 19	61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In yeers last birthday)			R 24 HRS.
Male	White wood	WED DIVORCED		5-11-89		72 yrs.	Months Da	ys Hours	Mîn.
10s. USUAL OCCUPATION done during most of wor		b. KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (C	ounty & State.	or foreign country)	12. CITIZ	EN OF WHAT	COUNTRY
Labore		Railroad		Italy			USA	A	
13. FATHER'S NAME			1	14. MOTHER'S MAID	EN NAME				
Unkno	TATE Y			,	TT 1				
		16. SOCIAL SECURITY NO	. 17. IN	FORMANT	Unknow	Ad dress		-	
(Yes, no, or unkown) (If	yes give wer or detes of service)	ot available	U	anital Da		ים עועו	manage Da	aint I	(K.a.
	ATR [Enter only one cause ;			ospital Re	ecords,	VAR, FE	TIA L	INTERVAL BE	
	WAS CALLESD BY		.,					ONSET AND	DEATH
	MMEDIATE CAUSE (6)	remia						2 W6	eeks
るって	DUETO								
Conditions, if eny,		eukemic infi	iltra	ation of l	cidneys	_		unkı	nown
geva risa to immadie	DILL TO								
cause lest.	(c) C	hronic Lymph	hocyt	tic leuker	nia			year	rs
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I	a) 19. WAS	AUTOPSY ORMED?
ATK								YES THE	NO T
PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING		DESCRIBE HOW INJURY O	CCURED.	(Enter natura of injury	in Parl I or Per	III of item 18.)			
		Dd. INJURY OCCURRED 2	20m. PLAC	E OF INJURY (Home,	farm. ' 20f. (C	ily or town)	(Count	y)	(State)
20c. TIME OF INJUR Hour e.m.	W	Vhile Not While work et work		y, street, office bldg.,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
21. I certify th	at XIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	tended the deceased	fromS.	eptember 2	2,51942	.August.	1, 196.]	acabanación	Dektorych
	XXXXXXXXXXXX								
22a. SIGNATURE									b. DATE
			-M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		8-1-	SIGNED
22c. PHYSICIAN'S	a. L. Meon	ley-	Will	22d. ADDRESS				0-2-	-01
NAME (Type)	A. L. MOONE	Y Asst. Clir	nical	Patholog	gist. V	.A. Hospi	tal,Pe	erry Po	oint_l
23a. BURIAL, CREMATIC REMOVAL (Specify)	ON, 23b. DATE THEREOF	23c. NAME OF CEN	METERY O	R CREMATORY	23d, LO	CATION (City, Io	wn or county)	(Stete)
Burial	893-61	Baltimo	ore I	Natl. Cen	n.	Balto.	Md.	1	
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS			REC'D BY REG	ISTRAR 256. RE			
John C. Mil	ler, 2433 E.	Oliver St.B	alti	more, Mdage	AUG 7 '	51 W	Muy &. M	rains	
								-	

TENERS IN TENERS IN THE SECRETARY SERVICES 1 durable the transfer years the sec-. W. , which is the rest of the company of the state of t The Color of the C . I. Il von de lant. Climicol Unthologica : T. . . Convincia in the Commission Jose C. ediler, #33 - Oliver Deliveding, and a solution of the contract of the

FOR STATE **HEALTH DEP1**

IO DE STY MEDICAL EXAMINER: This certificate should be executed within 24 hours, or death. If a slay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 4, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be ratained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. IT MEDIC

IO DE YS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 9011 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1900) 03002

d. NAME OF HOSE 3. NAME OF DECEASED (Type or print)	(If outside corporate limited give nearest town) TO O ITAL OR INSTITUTION (I		LENGTH OF STAY IN I		OWN (If outside corr	porata limits, writ	a RURAL and give	e neerest town	i)
(Type or print)	First					-			FARM?
(Type or print)			Middle	3903 	Frankford	AVE Month	h De	YES 7	NO TO
	Clarence		Robert	Blackwell	OF DEATH	8	15	196	TL.
5. SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH	9	AGE (In years last birthday)	Months Days	Hours	Min.
10s. USUAL OCCUPA done during most of w Bus dri 13. FATHER'S NAME	TION (Give kind of work torking life, even if retired	10b. KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	enn		U.S.A	OF WHAT CO	UNTRY
15. WAS DECEASED E (Yes, no, or unkown)	Charles Bla. VER IN U.S. ARMED FOR (Ilyas give water dates of set DRATH [Enter only one TH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO	CES? 16. SO		Claren	Black	Address 3903	Frankfo	ore, Mord Ave	VEEN
Conditions, if any geve rise to immedia, setting the cause last. PART II. OTHI 20e. EXTERNAL CONTROL OF CAUSE OF DEATH	diete cause underlying DUE TO (c)_ ER SIGNIFICANT CONDIT		BUTING TO DEATH BUT				EN IN PART 1(a)	PERFORA	TOPSY MED?
	ONTRIBUTING .			PLACE OF INJURY (Ho		or town)	(County)	100	
20c. TIME OF INJ Hour e.m.	19	While el work	Not While	lectory, street, office blo		r or rown,	(County)	(3)	itata)
21. I certify death resulted	that I fook charge of from: Natural car			uicide	-	determined m	nanner	d in my opi	
EXAMINER'S	R.C.Dodson			DEPUTY M	Sun Mid	County)	8-15-	61	
	ON. 226. DATE THERE		NAME OF CEMETERY						- M

menthful	a fall		Conti	
	anomitting	erated il	o a fr	ono(
THE WAR	1993 etenkini			
8 15 6	IlomiosE	friedos	Clerence	
32	8-7-1509	Contractor in		H
.4.2.11	131 1 .00 4	Saltimore Trans.	any.tr	th nud
Delthoore, No. 12 3905 Printelett Ave	Sallie doth r		Charles Mani	5
	Coclusion	Acute Corowa		
The state of the s		Table 1		

ON A FARM?

YES NO-F

Year

PERFORMED?

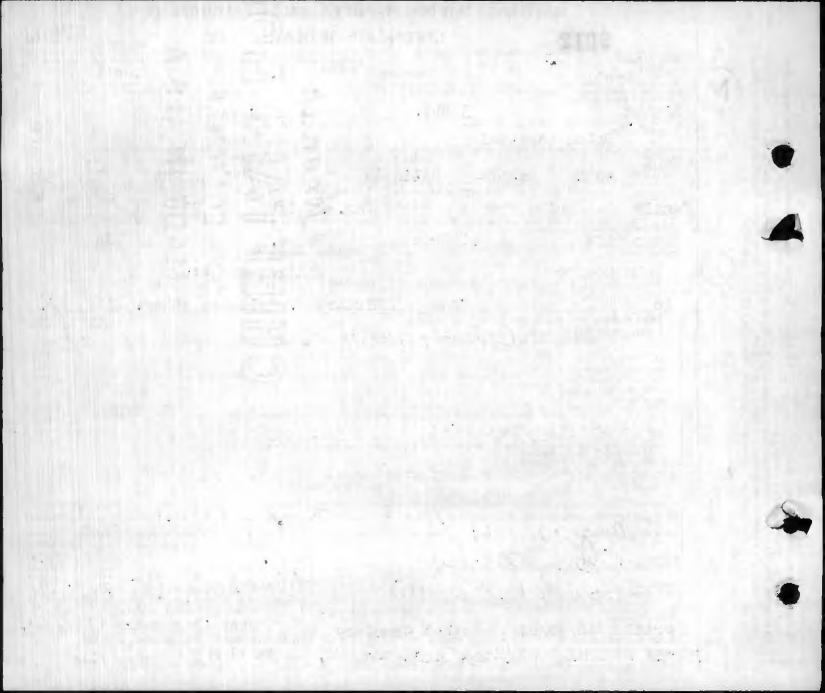
YES TO NO T

(Stote)

1961

after death.

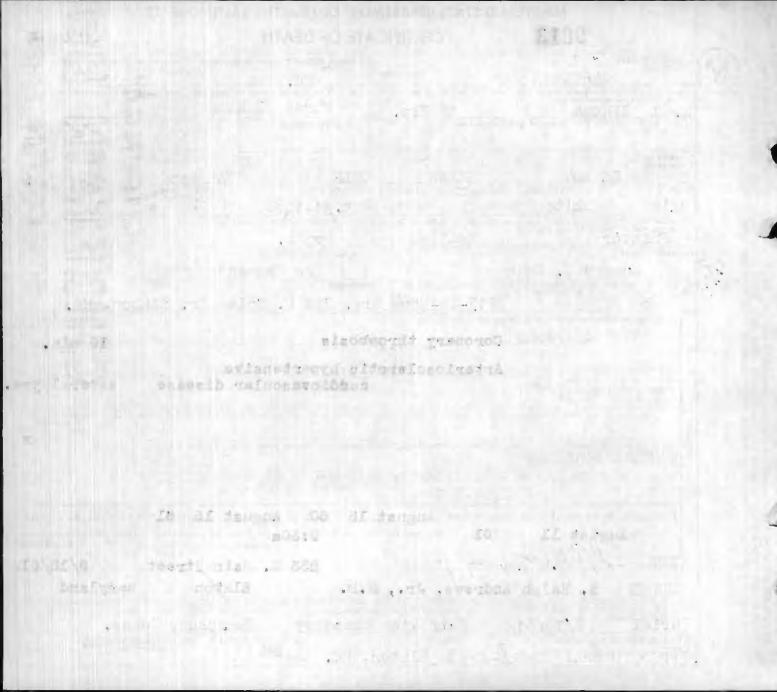
VS A1S (4) 15M 9/58



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FUN C	bod	he r
TO FUR	baga	the r
	NERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dire	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral dire page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed

		2013	CER	HIFICAL	E OF DEATI			Reg. Dist	1. No. 13	005
	COUNTY	ecil	MA	ARYLAND 2.	USUAL RESIDENCE (WOO. STATE	here deceased	lived. If institution b. COUNTY	Ce ci	_	ission)
	CITY OR TOWN (If a RURAL and give neor	outside corporate limits rest town)	s, write c. LENGTH OF STA		Rural	Elkto				wn)
d	J. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, gi			d. STREET ADDRESS				ON	ESIDENCE A FARM?
D	NAME OF DECEASED Type or print)	ROY	GLENN	-	lost)I.E	4. DATE OF DEATHA	Mon	th	Day	Yeor 19 6 1
S. SI	ale	V 40 4 5	7. MARRIED NEVER MAR WIDOWED DIVOR		ate of Birth ec. 31, 1886		AGE (In years lost birthday) 74 yrs.	The second second	Doys Hour	1
10a.	during most of workin Painter	(Give kind of work do ng life, aven if retired)	one 10b. KIND OF BUSINESS Retired		Penna.	or foreign cou	intry)	USA	EN OF WHAT	COUNTRY
13. F	FATHER'S NAME			14	. MOTHER'S MAIDEN					
	Edwar	ed O. Col	e		Ida Te	ennant				
	WAS DECEASED EVER	IN U. S. ARMED FORC yes, give wer or dates of ser			MANT Iva C.	Cole	Nr. El	Lkton	. Md.	
	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO	Coronary Arteriose	thromb		nsive			INTERVAL I	D DEATH
	gove rise to impose to couse (a), stating the lying couse lost.	mediale (Due To	-		addlovasc		lisease	8	evers	al y
CATION	PART II. OTHE		DITIONS CONTRIBUTING TO 1	DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPS' FORMED?
CERTIF	20g. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] CAUSE OF DEATH EDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (E	nter nature of injury in	Port I or Port	I of item 1B.)			
										104-4
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year	r 20d. INJURY OCCURRED While Not while of work of work		OF INJURY (Home, form, street, office bldg., etc		or town)	(Ce	ounty)	(2101
MEDI	21. I certify that alive an Augustanature	t I attended the	While of work	foctory,	5, 19.60., ta.A. curred \$4.30.	Mali	15, 1961 ne causes an net, city or town,	that I las d an the state)	date state	decease ed abov ATE SIGNE
MEDI	21, I certify that alive an Actual	t I attended the	While of work	gust 1	5, 19.60., ta.A. curred \$4.30.	Mgust. M, fram II ADDRESS (Stro	15, 1961 ne causes an net, city or town, Stree	that I las d an the stote) tn Maj	at sow the	ed abov ATE SIGNE 15/6:
22o. B1	21. I certify that alive an Augustature PHYSICIAN'S	t I attended the set 11 Children S. Ralph 22b. DATE THEREOF 8/18/61	While of work	gust 1 at death ac	5, 1960, to Accurred \$\frac{4}{3} \cdot \frac{1}{2} \frac{1}{3} \frac{1}{2} \frac{1}{3} \f	Mensi (Strong Mensi) Elki	15, 1961 ne causes an est, city or town, a Stree	that I fas d an the stote) that Maj	date state 9/1 ryland (St	decease ed abov ATE SIGNI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH DEPT

hay is necessary, hard director. Page ned for your files. TO DEFECT MEDICAL EXAMINER: This certificate should be executed within 24 hour, or death, if a please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pagestr, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bag or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after depth. VS. A15ME 5M 7/59

	•	MARYLAND	STATE DI	EPARTMENT (OF HEALTI	H	
Division of	STATISTICAL	RESEARCH AN	D RECORDS,	301 W. PRESTO	N STREET, B	ALTIMORE 1,	MARYLAND
004	, MAFI	DICAL FYA	MINER'S	CERTIFICA"	TE OF DE	ATH	agnas

- VI	7.3					11 - 000
1. PLACE OF DEAT						Residence before edmissign)
Ce	-1-	MARYLANI		elaware	b. COUNTY News	astle V
b. CITY OR TOWN	(if ourside corporete limits, ad give neerest town)	c. LENGTH OF STAY IN	e, CITY OR TO	WN (If outside corporate	limits, write RURAL and	d give nearest town)
Mondib	East (Rural)		Wil	mington /	Kurae	
d. NAME OF HOST	ITAL OR INSTITUTION (IF no	I in hospital, give street address)	d. STREET ADDI	RESS	40	ON A FARM? YES TO NO TO
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey Year
(Type or print)	Virginia	Н	Davidson	OF DEATH	August	25 19 61
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI	E (In years IF UNDER I	YEAR IF UNDER 24 HRS.
Female	White w	DOWED DIVORCED X	oct.20, 1	920 40	birthday) Months (Deys Hours Min.
100. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CIT	ZEN OF WHAT COUNTRY?
Pvy. Secr	etary	Oil Ref.Catalyti	.c Dent	on, Maryland	1	JSA
13. FATHER'S NAME		Const.	14. MOTHER'S MAI	IDEN NAME		
	nnington Hors		Grac	e May Hubban	rd	
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (Hypes give were related to service)	16. SOCIAL SECURITY NO. 17	. INFORMANT		Address	*
		222-10-5960	Paul B.Hor	sey, Possum 1	Point Rd., I	unfries, Va.
	TH WAS CAUSED BY, C.	se per lina for (a), (b), and (c).]				INTERVAL BETWEEN
7	IMMEDIATE CAUSE (e)	ompound fracture	or both lea	gs and both	arms,	
81	DUE TO		ilea circa t			
Conditions, if an		Car ran into abu	tment on Rou	ite 40 and B	Big North	None
geve rise to immed (a), stating that cause last.	undarlying DUE TO	East Creek o	n east bound	i lane		
	R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE COND	HTION GIVEN IN PART	I(e) 19. WAS AUTOPSY
CATIO						PERFORMED?
PART II. OTHE	AUSE WAS 20b. ONTRIBUTING	DESCRIBE HOW INJURY OCCURED). (Enter nature of injury i	n Part I or Part II of îlam 1	18.)	
3 20c. TIME OF INJ	URY Month, Day, Yaar	20d. INJURY OCCURRED 1-20e.			wn) (Cour	nty) (State)
1 :50Hour s.m.	19	While Not While at work	fectory, street, office bldg.	North I	Bast Cec	il Md
21. I certify	hat I took charge of th	e remains described above,	held an Autopsy	Inspection .	Inquiry	and in my opinion
death resulted			uicide , Homic		mined manner	1
			CHIEF MEDI	CAL EXAMINER	l-max	
ACTUAL			ACCICTANT	MEDICAL EXAMINER	1	DATE SIGNED
SIGNATURE	(1) nan	1 1	M.D.			
EXAMINER'S NAME (Type)	Vella	relacy n	Addrass (Str	SICAL EXAMINER X	_	5,1961
22a. BURJAL, CREMATI	ON, 225. DATE THEREOF	M. DO. NAME OF CEMETERY	OR CREMATORY	The state of the s	City, lown, or country)	(State)
Burial (Specify	8-28-61	Denton Cem	etery	Denton		Md.
23. FOHERAL DIRECTO	Erwen Willia	ADDRESS	240.		24b. REGISTRAR'S SI	14
J. Harv	ey Williamson	Federalsbur	o Mel DATI	AUG 2 8 '61	wholen 2.	. Fines

THE REPORT OF THE PARTY OF THE JAKE WITE DOUBLE STATE OF THE W. Held Helds Land J. Olive.

FOR STATE DEPOTF MEDICAL EXAMINER: This certificate should be executed within 24 hours. It death. If any is necessary, please execute the certificate, writing the word "pending" in pendil in flow 18. Give beag 17.2, and 3 to the foreral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form FM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death.

> **Y5. A15ME** 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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OF STATISTICAL RESEARCH AND RECORDS AND RECOR

2110	MEDICAL: EXA	MINER'S	CERTIFICATE	OF DEATH
4 4 3 B Th	MEDICAL EAS		CERTIFICATE	VE DEATH

-		0.7.0					
	PLACE OF DEATH	R	1	2. USUAL RESIDE	NCE (Where decessed	Lived, If institution b. COUNTY	na Residence before admissio
	(PI	RCTT.	MARYLAND	Md.		Cecil	
		if outside corporete limits,	E. LENGTH OF STAY IN 16		l (If outside corporate li		end give nearest town)
1		d give necrest town)			MARKET TO TO BE		
<u> </u>		ILTON	10 minutes		rown R.D.2		I e. IS RESIDENC
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in)	ospilal, give street address)	d STREET ADDRES	3		ON A FARM
							YES NO
	NAME OF	First	Middle	Lust	4. DATE	Month	Dey Year
	DECEASED (Type or print)	OTODOW.	10 TV	VIS	OF DEATH	8	29 19 61
ļ		GEORGE				(In years (IF UND	
3.	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	DATE OF BIRTH		irthday) Month	
	M	WIDO!	WED DIVORCED	6-23-1908 ■	53	yrs.	
		ION (Give kind of work 10b	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Ste	te or foreign country)	12,	CITIZEN OF WHAT COUNTR
001	Farmer	orking life, even if retired)	Farming	Wd.			UaSaka
13.	FATHER'S NAME		T. CONTINUES	14. MOTHER'S MAIDE	N NAME		
	70 mm?i	Davis		Lilly P.			
12			COCCIO CECUNIZATION DE LA COCCIONA		Totae.	4.4.4.	
		lfyesgive weror detecofservice)	16. SOCIAL SECURITY NO. 17. II	TRAMBOYN		Address	
			1.74	LLLy Devis,	Middletown	R.D.Z.	Del
	18. CAUSE OF I	DEATH [Enter only one cause po	ar line for (e), (b), end (c).				INTERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Anuha Camanana	Coolucion			ONSET AND DEATH
	1	IMMEDIATE CAUSE (a)	Acute Ceronery	OCCURETOR		u amruaye	178 Oct
	190	DUE TO					
	Canditions, if eng						
Ш	geve rise to immed (a), stating the u	> DUE 70					
+	cause fest.	, lcl					
z	PART II. OTHE		ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERA	AINAL DISEASE CONDI	TION GIVEN IN P	ART 1(a) 19. WAS AUTOPS
5		_					PERFORMED?
CERTIFICATION	Of Purelling	ALICE MAC COMMENT	COURT HOW INTHEN OCCUPED IS	ates a division of an area in E	last Las Bart II of item 1	h ì	YES NO
E	200. EXTERNAL CA	ONTRIBUTING [CRIBE HOW INJURY OCCURED. (E)	nter nature of injury in r	ent tot bett it of tiem t	B-1	
	CAUSE OF DEATH.						
3	20c. TIME OF INJU			CE OF INJURY (Home, fe bry, street, office bldg., e		wn) (County) (Steld)
MEDICAL	Hour a.m.		hile Not While tecto	NY, Miser, Office Bidg., e	1 1		
~	p.m.	17 1	emains described above, hel	d an Autonou T	Inspection (m)	Inquiry 3	and in my opinion
				. —			
	death resulted	from: Natural causes	Accident, Suici	de Sego lomicid	e L. Underer	mined manner	L
	/	(B / - D)	0 -1	CHIEF MEDICA	L EXAMINER		
	ACTUAL	muno	acison	M.D. ASSISTANT M	EDICAL EXAMINER		DATE SIGNED
				DEPUTY MEDIC	CAL EXAMINER 📆		0.00.70
	EXAMINER'S NAME (Type)	R.C.Dodson		Riging	Sun Mdeny	1	2=53=0T
228	BURIAL, CREMATIC	ON. 226, DAYE THEREOF	22c. NAME OF COMETERY OR		228. LOCATION		ntry)(State) =
	REMOVAL ISpecify	1 Suck 2 10/1	Here to	to.	hon 'ld	1. 1.	1.11
- 00	Jenna	7307 0, 1941	ADDRESS CLIM	eury	REC'D BY REGISTRAR I	24b. REGISTRAR	S SIGNATURE
23	FUNERAL DIRECTO	1. 1 Sill.	h 100 /	6 1 1 ATT. N	e Per	A-D. REGISTRAR	o digitations
	6. /ser	my Cillaw	Millmulon	MAK, DATE	*EP 5 '61	CITTLEY	2 House

30 00 * -11 provide the the Z. 2443

9016 **CERTIFICATE OF DEATH** Reg. Dist. No. I director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY MARYLAND neral CITY OR TOWN (If outside corporate limits, write þ c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest town) shavid MTON d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NO NAME OF First Middle 4. DATE Lost Day Year DECEASED 6057 (Type or print) DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min. WIDOWED' DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14/60 corban ğ 13. FATHER'S NAME EORGE BOVe. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ELKTON CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 5 MIN **DUE TO** permit. Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (Slote) factory, street, office bldg., etc.) Hour a. r. While Not while p. m. at work [of work 21. I certify that I attended the deceased from 1961 that I last saw the deceased and that death occurred at 2.23 P.M. from the causes and an the date stated above. alive on ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) ന 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FLINERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D 8Y REGISTRAR 24h, REGISTRAR'S SIGNATURE DATE SEED.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



FOR STATE HEALTH DEPT. TO DEPCTY MIDICAL EXAMINER. This cartificate should be exacuted within 24 hours or death. If any is necessary, plasse execute the cartificate, writing the word "pending" in pending it is few 18. Give Pages (1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bodys after death.

VS. A15ME 5M 9/60

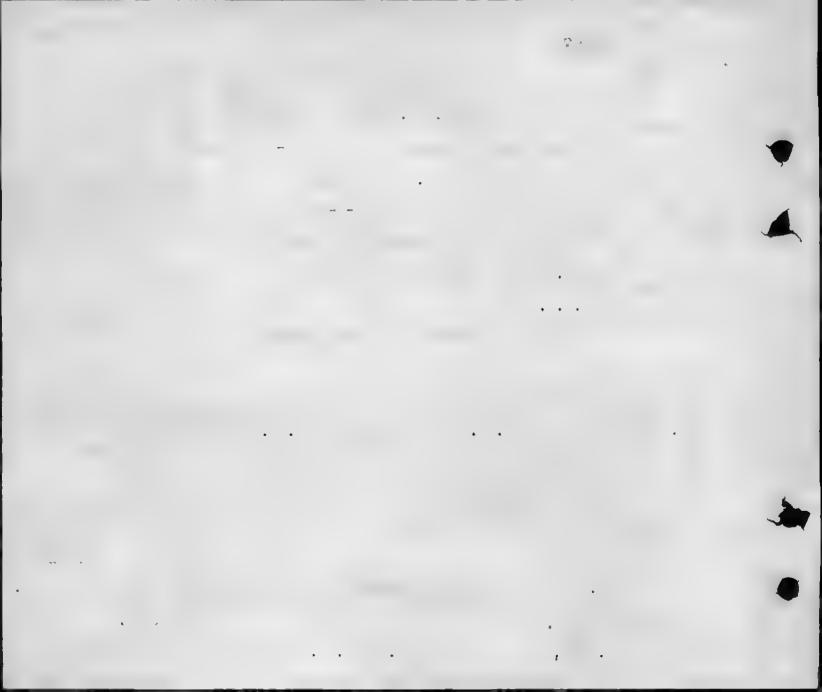
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH 9017

1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Where deces		ı Rasidence I	pefora edmission)
Y	• COUNTY Cecil			MARYLAND	e, STATE	lwan ia	b. COUNTY	o wile o	V
オ─		outside corporate limits,	e. LENGI	H OF STAY IN 16			a limits, write RURAL a	erks	rest town]
	write RURAL and	give necrest lown]					, , , , , , , , , , , , , , , , , , , ,	ac.	27
<u> </u>		own (Rural)	1 d			<u>ownship</u>		L-X	2
	d, NAME OF HOSPITA	AL OR INSTITUTION (if no	in hospital, give s	street eddress)	d. STREET ADDRESS			'	ON A FARM?
ш	-	-						1	YES 🔲 NO 🕡
3.	NAME OF DECRASED	First		Middle	Last	4. DATE	Month	Day	Year
Ł	(Type or print)	Horace		D	Drv	OF DEATH	A	14	1961
5.	SEX	6. COLOR OR RACE 7.7	A A BRIDGE TO THE VE		B. DATE OF BIRTH	19. At	GE (In years [IF UNDE		UNDER 24 HRS.
	34.4		The same of the sa			la:	rt birthday) Months		lours Min.
	Male	144444 0 0 1 0	DOWED S	DIVORCED	July 21, 188	7 74			
10 d	is. USUAL OCCUPATION one during most of work	ON (Give kind of work king life, even if retired)	10b. KIND OF BUS	SINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country	12. 0	JIIZEN OF V	HAT COUNTRY?
'	Retired	Farmer	Parmi	ine	Hereford	. Pa		USA	
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			•
	Hiriam	Deer			Trophic I				
15		R IN U.S. ARMED FORCES	1 16. SOCIAL SE	CURITY NO. 17	Hettie I	Boyer	Address		
(Y		yes give we ror detes of service	e)						
-	No			-20 - 3 <u>5</u> 13	Mrs Debora	ah DeTurc	k. Oley Tow	mship,	Pa.
		WAS CAUSED 8Y:	se per line for (a),	(b), and (c).				ONSE	AL BETWEEN
Н		MMEDIATE CAUSE (a)	Acute C	or onary (eclusion		and an		min.
	450	DUE TO		02011412)	~~~~~~				
	Conditions, if any,	which) (b)							
	gave rise to immedia	la cause							
	(e), sleting the un	darrying							
L	cause lest.	(c)	S CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CON	IDITION CIVEN IN DA	PT 1(=1) 10	WAS ALITORS
é	PARI II. OTREK	SIGNIFICANT COMPINOR	COM RIBOTINO	TO DEATH BUT IN	OI KEENIED TO THE TERMI	INTERSTRUCTURE	1011 011 (11 11 17	U(1 +(U) 15-	PERFORMED?
CERTIFICATION							_	YES	□ NO □
155	20s, EXTERNAL CA	USE WAS 20b.	DESCRIBE HOW II	NJURY O CCURED.	Enter nature of injury in Pe	nt I or Pert II of sten	n 18.)		
	1								
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OC		ACE OF INJURY (Home, fare		town] (C	ounty)	(State)
Ĭ.	Hour a.m.	10	While Not W	11110	stary, street, office bldg., etc	:-1			
3					old on Autonou [Inspection	Inquiry .	and in	my opinion
		at I took charge of th	- A				f the		шу ордион
	death resulted fr	om: Natural cause	s X Accid	leni 🔲. Sui	cide . Homicide		ermined manner		
Н		(1.) (1 1/18)	Ja al	a dead	CHIEF MEDICAL	EXAMINER			
	ACTUAL SIGNATURE	1 cm	TO-EV.	revi	M D ASSISTANT MED	DICAL EXAMINER		DAT	TE SIGNED
		D. C. Dede-	- 14 5		DEPUTY MEDICA	L EXAMINER	. A	14 10	4 1
	EXAMINER'S NAME (Type)	R.C.Dodso	11, M.D.		Rising Sun	Eiry, town, or cour	nly) Aug	.14,19	01.
22	. BURIAL, CREMATIO	1, 22b. DATE THEREOF	22c. NAN	AL OF CEMETERY C			(City, town, or coun	try)	(Stata)
	REMOVAL (Specify)		Fried	len's Cem	eterv	Oley To	umchin		Pa
2	3. FONERAL PRICTOR	Aug. 18,19	ADDR	LESS			24b. REGISTRAR'S	SIGNATURE	
	water	ong Funeral	Home, 01	h East	ma AU	G 1 6 '61	0 -1	2 2	
		Sove rancrar	Home, Or	cy, ra.	DATE		arthur	- Thous	



l	DIVISION OF STATISTICAL RESEARCE	H AND RECORDS, 3	01 W. PRESTON STRE	ET, BALTIMORE 1, MA	ARYLAND ()
_	9018	CERTIFICATE	OF DEATH		000:10
1.	PLACE OF DEATH COUNTY		USUAL RESIDENCE (Where	b, COUNTY	sidence before admission)
_	b. City OR TOWN (if outside corporate lumits,	MARYLAND ENGTH OF STAY IN 16	Marylan c. CITY OR TOWN (If outside of	orporate limits, write RURAL and	give reerest town)
	write RURAL and give nearest town)	-ma 9ma 27day			
_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital),	rrs. 8mo. 27d by	d. STREET ADDRESS	D.Le	. IS RESIDENCE ON A FARM?
3.	Veterans Administration Hos	pital	742 - 5th A	venue Month	YES NO X
	(Type or print)		OF	m4*	9 19 61
5.	GEURGE	A.	DURST DEAT	August 19. AGE (In years IF UNDER 1 Y	/
	Male White WIDOWED &	NETER MARKIED	-4-74	The second secon	ys Hours Min.
10	e. USUAL OCCUPATION (Give kind of work 10b. KIND Cone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	1 BIRTHPLACE (County & State,	or fore gn country) 12. CITIZI	EN OF WHAT COUNTRY?
Ź		Post Office	Maryland	USA	1
13	. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
		ceased)	Anna Forrestel	.le (deceased)	
	 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCI. as, no, or unkown) (Ifyesgiva war or detecates vice) 	AL SECURITY NO. 17. INF	ORMANT	Address	
-	Yes S.A.W. Nor		ital Records,	VAH, Perry Poi	
	18. CAUSE OF DEATH [Enter only one couse per line for				ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Arteri	osclerotic h	eart_disease_		
	DUE TO				
	Conditions, if eny, which (b) geverise to immediate cause				
	(a), stelling the underlying DUE TO				
	Causa lest. (c)				
NO	PART I. OTHER SIGNIF. CANT CONDITIONS CONTRIBU				PERFORMED?
ICAI	1. Chronic Bronchitis. 2.				
CERTIFICATION	20%, ACCIDENT WAS UNDERLYING 20%, DESCRIBE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURED, (Er	ter nature of injury in Part I or Pe	d ll of Hem 18.) general	.1zed
MEDICAL			OF INJURY (Home, ferm, 20f. (street, office bldg., etc.)	City or town) (Count	y) (Steta)
MED		of While Belony,	sileel, office biographic.)		
	21. I certify that x in this to primit attended	the deceased from No	vember131928	10August 9., 196.	ажкожу қужық
	xewxthex decement at the xankxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	CXXXXX and that de	ath occured at The fr	om the causes and on the	e date stated above.
	220. SIGNATURE		ATTENDING MED.	STAFF	22b. DATE SIGNED
	J. Garage	M.D_	PHYS. DIRECTOR	PHYS.	8-10-61
	PHYSICIAN'S NAME (Type) S. GOLDGRABEN. C)	nief, Medical	Service, VA I	Hospital, Perr	r Point. Md.
		NAME OF CEMETERY OR	in the second	CATION (City, lown or county)	
23	REMOVAL (Specify) Burial Aug. 11/61	Balti more 1		Baltimore, Md.	(aroid)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		SISTRAR 256. REGISTRAR'S SH	
Ţ	Witzke Fun. Home, 4101 Edmon	dson Ave. Balt	O.Md. DATE	3,	4. Suda
				-	

MARYLAND STATE DEPARTMENT OF HEALTH



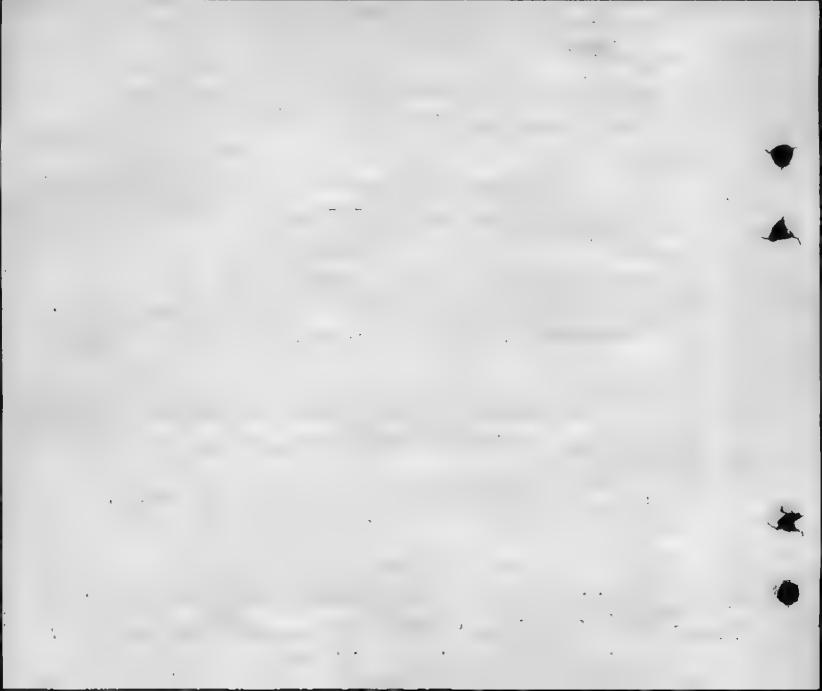
4 60	t	em 21 Film	1 293 8-24	MARYL	AND STATE D	EPARTMENT	OF HEA	LTH			
1			f STATISTICAL			, 301 W. PREST	ON STREE		RE 1, MAR	YLAND	
FOR STATE		901	S ME	DICAL	EXAMINER'S	CERTIFICA	TE OF	DEATH	11.	9011	ā.
HEALTH DEPT.	1.	PLACE OF DEATH				2. USUAL RESIDE	NCE (Where	deceased lived, If	institution: Reside	nce before	edmission
(Miles & S		Cec:			MARYLAND	•. STATE Man	yland	b. cou	NTY	u	/
S Li Li S		b. CITY OR TOWN (if	outside corporate limi give neerest town) Le		LENGTH OF STAY IN 16	c. CITY OR TOWN		rporata limits, writ	e RURAL end give	neorest tow	vn)
recired your					1 yr. 25 day		Ltimore			1 1	
d for Boar	v.	eterans Ad			ol, give streat eddress)	d. STREET ADDRES		North Av	enue	ON	A FARM
hun aine State State		NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h Day	Total Charles	
If a the the the		(Type or print)	LARI	RY	N.	ENGLISH	OF DEAT	н 8		16 19	61
ath.	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEAR		
ma 2 × X		MALE	NEGRO	WIDOWED [_	3-22-28		last birthday) 33 yrs.	Months Days	Hours	Min.
2 mg 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10a	ne during most of wor	ON (Give kind of work	k 10b. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (St	ate or foreign o	ountry)	12. CITIZEN	OF WHAT C	OUNTR
Pag Pag in 7		Mail Car	rier	Post	t Office	Winston-S	alen.	N.C.	USA		
A Se S. Se A	13.	FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
E S E S	150		Nathan Se			Lillian	(?) En	glish	7	4100	
for for	(3)	is, no, or unkown) (if:	yes give we ror delas of s	ervice)	CIAL SECURITY NO. 17.			Address			
with with any	-	Yes	WW-II	1219	9-28-6046 Ho	spital Rec	ords,	VAH, Per			
in British British		PART J. DEATH	WAS CAUSED BY:		LED BODY				0	ITERVAL BET	DEATH
alo		G 50 0	MMEDIATE CAUSE (a)							Immedi	ate
Hice ffice val		Conditions, if any,	DUE TO	STRU	CK BY TRAIN						
Show and a show		gave rise to immedia	te cause						-		
ate not		(e), stelling the un									
"per Kam use use on	Z		SIGNIFICANT CONDI		BUTING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	'EN IN PART 1(a)	19. WAS A	UTOPSY
or o	ATIC									PERFO YES DO	RMED?
ould out	CERTIFICATION	20m. EXTERNAL CAP	JSF WAS 2	Ob. DESCRIBE	HOW INJURY OCCURED. (Enter nature of injury in F	Part I or Part II	of item 18.)			,,o [2]
記事を 記事を 記事を 記事を		CAUSE OF DEATH.	TI DANOGIA								
Chie	MEDICAL	20c. TIME OF INJUR		140.9	Adventure for	CE OF INJURY (Home, force), street, office bldg., e		ity or tawn)	(County)		(Stote)
* Par 10	MED	6 1 5 p.m.	8-16 ,, 6	1 et work	7	ruck by tr		rryvill	e Cec	1.1	Md.
P O O		21. I certify tha	at I took charge o	of the remain	is described above, he					in my o	pinion
Sept 1		death resulted fr	ome Natural ca	uses	Accident . Suic	ide 💢. Homicid	e 🔲 U	ndetermined m	lanner 🔲		
TED I			14 00.	Bell	Pla 181	CHIEF MEDICA	L EXAMINER [8/16/	/61
at of the		ACTUAL SIGNATURE	Ice	100	-virce p	M.D. ASSISTANT M		-		DATE SIG	NED
axecute assection of the first		EXAMINER'S	P C DODGO	37 xc 13		DEPUTY MEDIC		D4	aina Cun	Ma	
DEN should FUN	220	NAME (Type)	R.C. DODSO		. NAME OF CEMETERY OF	Address (Stree		r county) AUL ATION (City, town	sing Sun		, m .
0 2 4 0 9 g		REMOVAL (Specify) BURIAL	Aug. 21,19		Baltimore N				- '	(3)610	-1
HH	23	FUNERAL DIRECTOR	10466 0 22 9 27	O.L.	ADDRESS		EC'D BY REGIS	timore,	ITICL	TURE	
VS, AISME 5M 9/60	C	harles R.	Law, 802	Madiso	n Ave.Balto		AUG 21		Irthur S. H		
,	-					, PAIE		1			



MAILYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before edmission) is ne. director. P. vour files. e. COUNTY b. COUNTY Cecil New Jersey MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your Board of Perry Point 1 mo. 21 day Salem d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital Thompson YES NO T 3. NAME OF DATE Month DECEASED OF (Type or print) JOHN NMT FAHRNER DEATH 10 1967 August 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH AGE (In years HF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Days Hours Male White WIDOWED T DIVORCED Inn. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working fife, even if retired) Janitor unknown France USA 13. FATHER'S NAME page 14. MOTHER'S MAIDEN NAME John Fahrner Flora Shaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or dates of service) Office along with Yes Hespital Records, VAH, Perry Point, Md. unknown 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), l INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Suffocation by drowning. IMMEDIATE CAUSE (a) Less than 10 minutes DUE TO geve rise to Immediate cause rij DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)1 19. WAS AUTOPSY , writing the word 'ne Chief Medical Ex Page 3 should be in to burial, cremati PERFORMED? Cataracts. bilateral. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or lown) CESSITA Certificate, which to the C While Not While factory, street, office bldg., atc.) Hour XX. 10, 61 al work Susquehanna River. Perry Point. Md. et work ease execute the certifical should be forwarded to FUNERAL DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X Inquiry X and in my opinion death resulted from Natural causes Accident X Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 8/10/6 DEPUTY MEDICAL EXAMINER R.C. DODSON Address (Street, city, town, or county) Rising Sun, Md. (Ceci' NAME (Type) 228. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) â (Stete) ₽40 g 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Norman S. Newkirk,54 Oak St. Salem, N.J. arthur & Krane 5M 9/60

NO 4

(State)



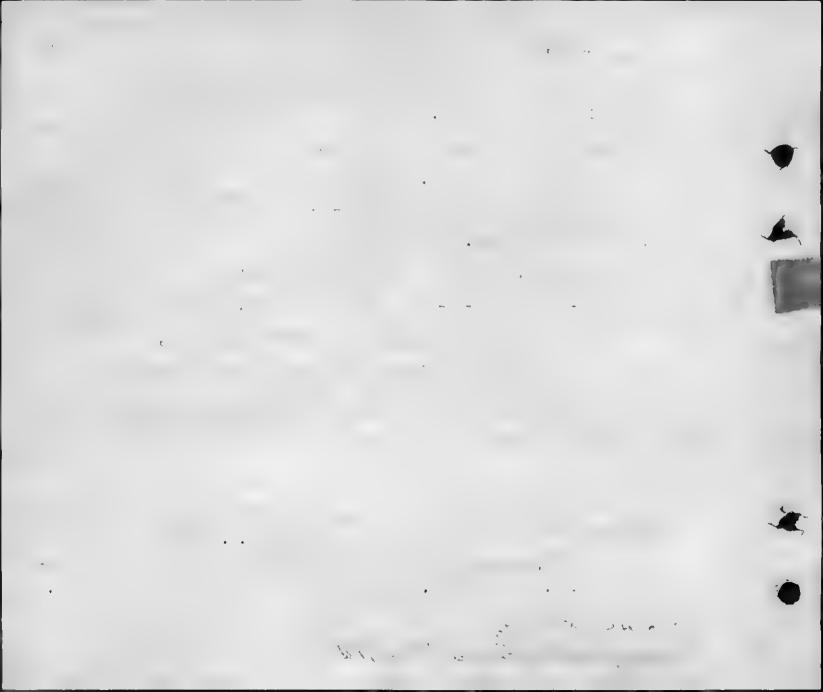
YR A15 (4) 15₩ 9/Ш0 5

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1.	PLACE OF DEATH •. COUNTY					2. USUAL RESID	ENCE (What	re deceased		rution: Raside	enca balora	odmission)
	e. COUNIT	Gecil		,	MARYLAND	a. STATE	rylan	a	b. COUNTY	N1 +		5.0
\vdash	b. CITY OR TOWN (if outside corporate limits,				OF STAY IN 16	c. CITY OR TOWN (If outside corporeta limits, write RURAL and give near					a nearest to:	wn)
	Perry 1	give neerest town)		2 mo.	9 days	C.	ilver	Connis			1/4	
:		AL OR INSTITUTION	if not in hosp			d. STREET ADDRI		SPATI	R		l e, IS I	RESIDENCE
V	eterana i	dministre	tion I	Insnit	Ω 1	12820	Fold:	ridge	Poad		- 1	A FARM?
	Veterans Administration Hospita					Last	4. DATE Month			Da	Day Year	
	DECEASED (Type or print)	FLOY	7	M		HANDA	OF DEA	ATH	A 22 cm 2 cm 4	t 74	1 10	61
5.	SEX	6. COLOR OR RACE				. DATE OF BIRTH		9. AGE	August			R 24 HRS.
	Male	White		_	= -	8-21-09			Mo	nths Days		Min.
104		ON (Give kind of world	WIDOWED		VORCED	Y 11, BIRTHPLACE (C	Toursty & State	71	Yrs.	12. CITIZEN	OF WHAT	COUNTRY
do	ine during most of wo	rking life, even if refire	id)		Justice		TORINA G DIGIE	e, or lota gr	COUNTY)	USA	OI WIIAI	COOMINIZ
	ccounting	Clerk	Dept	01	ous or ce	LEITS & S	OFN NAME			USA -	-	
100	THE STORM	Mhomos W	U	- ^								
15	WAS DECEASED EVI	Thomas M			DITY AIO I 17	Sarah	pr.h sure		Address		_	
	s, no, or unkown) (If	yes give wer or detes of s	ervice)				1 .	77 T		- Y - 3 -	L K	,
	Yes	WATI		9-12-0		spital Red	coras,	Vally	Ferry			TWEEN -=
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH											
	IMMEDIATE CAUSE (e) Pulmonary edema & congestion, bilateral, 2-3 days											
	54 X Due to severe											
	Conditions, if eny, which \ (b) Adenocarcinoma of the rectum with metastasis unknown											
	geve rise to immediate cause DUE TO to the liver											
	couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (161) 19. WAS AUTOPSY											
ő	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO	D DEATH BUT NO	OT RELATED TO THE TE	RMINAL DISE	ASE CONDI	TION GIVEN I	N PART 1(e)	19. WAS PERF	AUTOPSY ORMED?
N. S.											YES 📆	NO 📑
CERTIFICATION	200 ACCIDENT W		20b. DESC	CRIBE HOW II	NJURY OCCURED). (Enter neture of mour)	y in Part I or P	art II of itar	n 18.)			
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
3	20c. TIME OF INJU	RY Month, Day, Ye		NJURY OCCU		CE OF INJURY (Home,		(City or toy	vn)	(County)		(State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, 20d. (City or town) Hour e.m. While Not While factory, strael, office bldg., etc.)												
	21. certify that (NYANX NACHE) attended the deceased from June 5, 19.61 to august 14.19.61 hard) xwadxissi											
	25% WS. 99593	K.K.K.KAKYAKINAK	XXXXX	X XKX XX	XX and that	death occured a		from the	causes and	on the	date state	ed above.
	22e. SIGNATURE					1	 	lii e				b. DATE SIGNED
		a.i.m	וריטייון	OM-	٨	ATTENDING PHYS.	MED. DIRECTOR	STA			8-1	15-61
	22c. PHYSICIAN'S					22d. ADDRESS			_	h		
	NAME (Typa)	MLM	CONEY	Asst	.Clinic	al Patholo	ogist,	VII.,	Perry	r Poir	it, Mo	
23	BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME	OF CEMETERY	OR CREMATORY	23d. I	LOCATION	(City, town o	r county)	(State)
	SEMOVAL (Specify)	_ 8/16/	1961	arl	ington	National	A	rling	ton, V	Virgin	iia	
24	PUNERAL DIRECTOR	SAIGNATURE	177	LOOR	554	25a.	REC'D BY RE	EGISTRAR	25b. REGIST	RAR'S SIGN	ATURE	
1	Younning to	there,	Have	edick	house,	DATE	AUG 17	'61	arthu	7 2. Km	us.	
-	7,0,00	1 _//	4	=								



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 9022 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) COUNTY ь. социту MARYLAND Cecil faryl and b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Years Ellaton Elkton d. NAME OF HOSPITAL (If not in hospito), give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? Union Hospital Eliton. Maryland East High YES NO KT 4. DATE Middle Year DECEASED OF DEATH Charles (Type or print) August Kane 1961 6 COLOR OR RACE 7. MARRIED THE NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH 9 AGE (in years last birthdoy) Months Days Male Negro WIDOWED [7] DIVORCED | 100. JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Queen Anne's, Laborer 13. FATHER'S NAME John Kane Priscilla Unknown 21 Hast 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI Mrs. Geraldine Lane Mar no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Central Pneumonia 1-Day **DUE TO** Pulmonary Congestion Canditians, if any, which gave rise to immediate DUE TO cause (o), stating the under-Acute Lephritis and Acute Gastritis lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NOTE 200 ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II ar Part II af item 18.) 20c TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Slate)

ě physician attending ā. Š te has been signed physician aftending rtificate 20e PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, affice bidg , etc.) WED Hour o.m. While Not while ot wark 📋 at work tached burial, August alive an det to **ACTUAL** prior SIGNATURE PHYSICIANUS James L. Johnson M. Elkton, Maryland NAME (Type)

21. I certify that I attended the deceased from August 22, 1961, to August 25, 161, that I last saw the deceased and that death accurred at 8 A: M, fram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) East High Street

(State)

22a. BURIAL, CREMATION, 22b DATE THEREOF 22d LOCATION (City fown, or county) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Bohemia Manor, Ebenezer Cem. 8/29/61 Burial

246. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR DATAUG 3 0 '61 909 Poplar St.

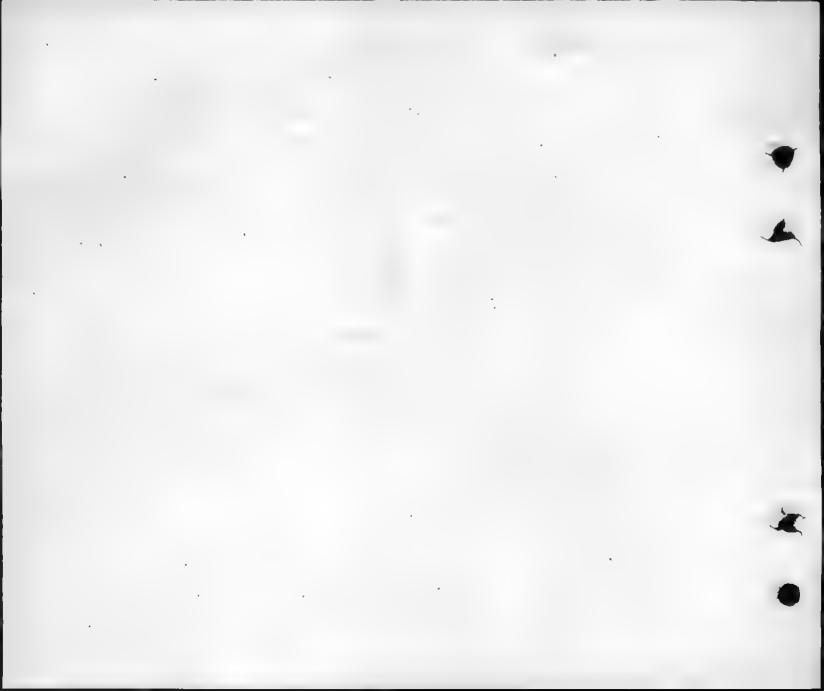
FUNERAL DIRECTOR: Apage 3 shauld be detach abod 9 VS A15 (4) 15M 9/5B

director,

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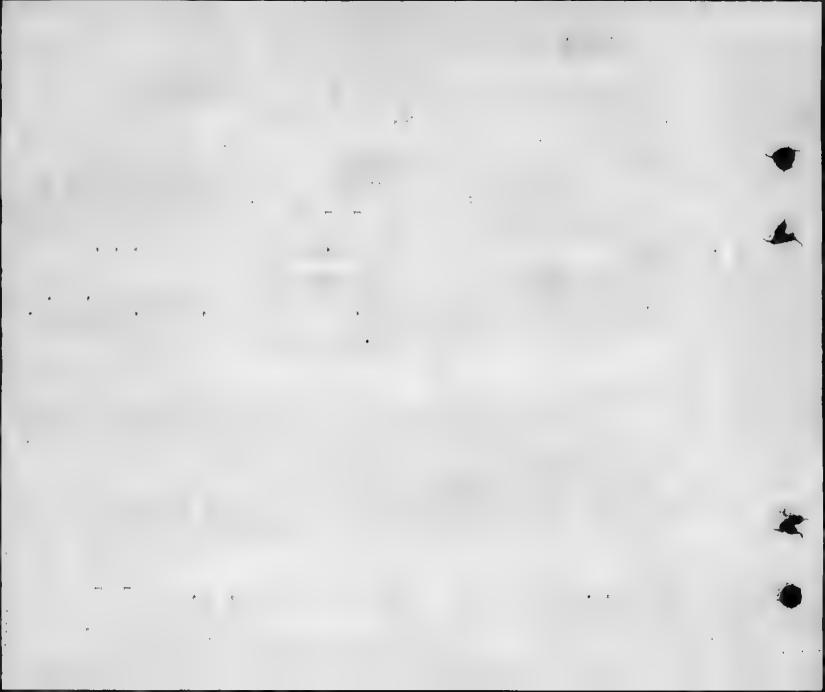
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before admission) a. COUNTY ral director. Page of for your files. Board of Health, Page a. STATE b. COUNTY MARYLAND Cacil Pa. Lencaster.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Elkton hours. Lancas ter d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g va street address) . IS RESIDENCE ON A FARM? Union Hospital 953 East Orange YES NO TE 3. NAME OF Middle Month Year DECERSED (Type or print) DEATH 8 Frank 20 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years I JF UNDER 1 YEAR I S. SEX DATE OF BIRTH JF UNDER 24 HRS. last_birthday) 85 yrs. 7⊶26⊶1876 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dens during most of werking life, even if retired) Laborer U.S.A. Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Lomenn Emma Claud 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrancaster. Pa. (Yas, no, or unkown) (Ifyesgivewarordatesofservice) 905 E. Orange St. Mrs. Pricilla Lemon. 18. CAUSE OF DEATH lenter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Insulin Shock, Hypoglycemia IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the undartying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY PERFORMED? NO 🐺 O 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. hief a 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20d, PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (State) S factory, street, office bldg., etc.) Contificate, w. While Not While at work at work Inspection A. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion forwarded to DIRECTO Accident [Suicide . Homicide [Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should Ex for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) R .C .Dodson Rising Sun - Md. 22a, BURIAL, CREMATION 22b. DATE THEREOF 226. NAME OF CEMETERY OR CREMATORY 22d. 1OCATION (City, lown, or country) (Stete) REMOVAL (Specify) ₹40 g Lancaster, Burial Cedar Lawn 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR AUG 2 4 '61 VS. AISME arthur & Kenne SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND **DIVISION OF STATISTICAL RESEARCH**

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C	ERT	IFIC.	ATE	OF	DEATH	1

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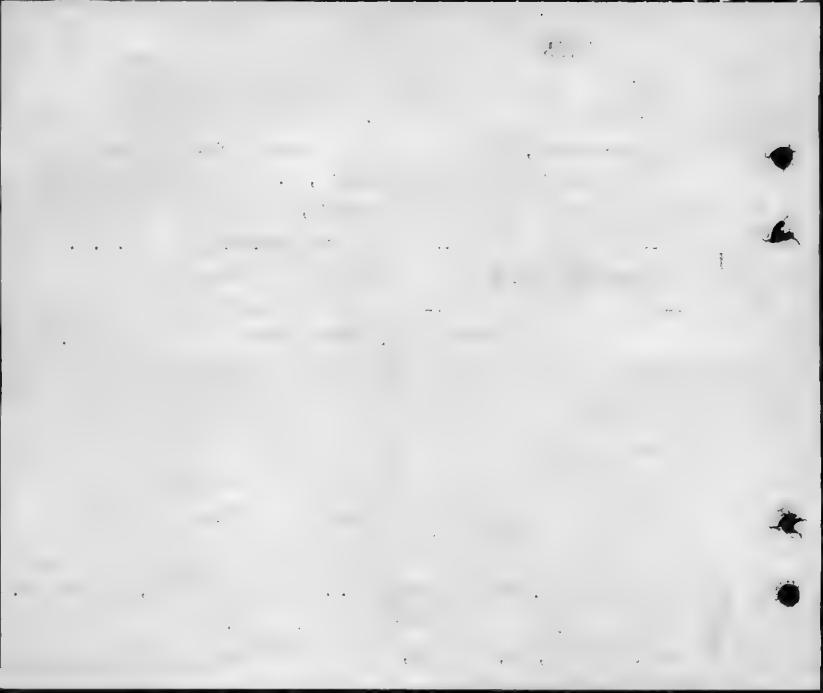
\mathbf{M}			9024	CERTIFICAT	E OF DEATH		08018			
		PLACE OF DEAT	Н			here deceased lived, If institution, R	esidence before edmission)			
		a. COBN11	Cecil	MARYLAND	a. STATE Pennsyl	ь, соинту vania				
			(if outside corporate limits, and give neerast town)	, c. LENGTH OF STAY IN 16		de corporete limits, write RURAL and	giva nearest lown)			
			Point	36 yrs	Pittsbu	r o'h				
	1			of in hospitel, give street eddress)	d. STREET ADDRESS	4.54	a. IS RESIDENCE			
	V	eterans .	Administrati	on Hospital	2256 Almo	n+ 1' > 2	YES NO T			
		NAME OF	First	Middle	Last 4. 1	DATE Month	Dey Year			
		DECEASED (Type or print)	FRED	(NMI)		DEATH August	18 19 61			
-	5.	. SEX	6. COLOR OR RACE 17.	MARRIED NEVER MARRIED	, DATE OF BIRTH	9. AGE (In years IF UNDER I	20			
Ì		Male		VIDOWED DIVORCED	11-6-91	Months Months	Deys Hours Min.			
-	10a		ATION (Give kind of work	1Db. KIND OF BUSINESS OR INDUSTR			ZEN OF WHAT COUNTRY?			
	do	na during most of w	vorking life, even if ratired)		70 "		7.4			
	13.	Truck Driver		Steel Corporation	114. MOTHER'S MAIDEN NAME	Pennsylvania U				
	k .		Alexan	der Loeffel	Rosina (?)	Loeffel				
	15.	WAS DECEASED E		57 16. SOCIAL SECURITY NO. 17. 1		Address				
			(If yas g ye wat grdates of servi	(ce)		, VAH, Perry Poi	m.4. 7.0			
			DEATH (Enter only one car	use per line for (e), (b), and (c).]	sprear Records	, And lerry ro	INTERVAL BETWEEN			
			TH WAS CAUSED BY		and concestio	n govere	ONSET AND DEATH			
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Pulmonary edema and congestion, severe 3-4 days								
		Conditions, if any, which Arteriosclerotic heart disease								
		Conditions, if an	diate ceuse	THE BELLOHOLET OCT.	o near o diseas		unknown			
		(a), stating the	undarlying DUE TO							
ĺ	_	ceuse lest.	FR SIGNIF CANT CONDITIO	NS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a), 19. WAS AUTOPSY			
	TION	i i i i i i i i i i i i i i i i i i i					PERFORMED?			
	FICA	Al celloscielosis generalized severe								
	ERT	受 20e, ACC-IBENT WAS UNDERLYING [] 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Itam 18.) OR CONTRIBUTING [CAUSE OF DEATH] UNDERSTANDING [CAUSE OF DEATH] UNDERSTANDING [CAUSE OF DEATH]								
	1	20c. TIME OF IN.		20d. INJURY OCCURRED 20o. PLA	CE OF INJURY (Homa, farm, 2)	Df. (City or town) (Cou	nty) (Stata)			
	WEDIC	Hour a.m.		WhileNot While fact	ory, street, office bldg., etc.)	or. (City or lowil) (Cou	niy) (Siaia)			
	×	p.m.		al work at work	1 1 1 1 1		1			
		21. I certify that AD (WAK KONDAN) attended the deceased from August. 29, 1925, to August. 18, 1961 x Ham (N) (We) Ness								

		22a, SIGNATURE	0 4 6	4	ATTENDING MED.	STAFF	SIGNED			
			7 0 5	Jarces M		OR PHYS. 50	8-18-61			
		22c. PHYSICIAN'	El /	DENT COLLEGE TO THE	22d. ADDRESS	Wonnital Dommer	Deint Ma			
			/		127121323333	Hospital, Perry				
		BURIAL, CREMA	tel de l	NAME OF CEMETERY		d. LOCATION (City, fown or count				
		EMOVAL	8/19/19	Zimmerma		Pittsburgh, Pa				
	24	FUNE AL DIRECTO	DR'S SIGNATURE	// MODRESS	25a. 4160 2	registrar 256. Registrar's Cothung 1.	SIGNATURE			
		W. winning	with the Colon of the Colon of the	TENTER CAR OF THE COL	DATE	women a.	Thank			

NDING PHYSICIAN: The law requires that the death certificate by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH



Baltimore 14.Md.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

YES NO T

1061

IF UNDER 24 HRS.

2 to 3 Min.

NO NO

Maryland

(State)

SIGNED

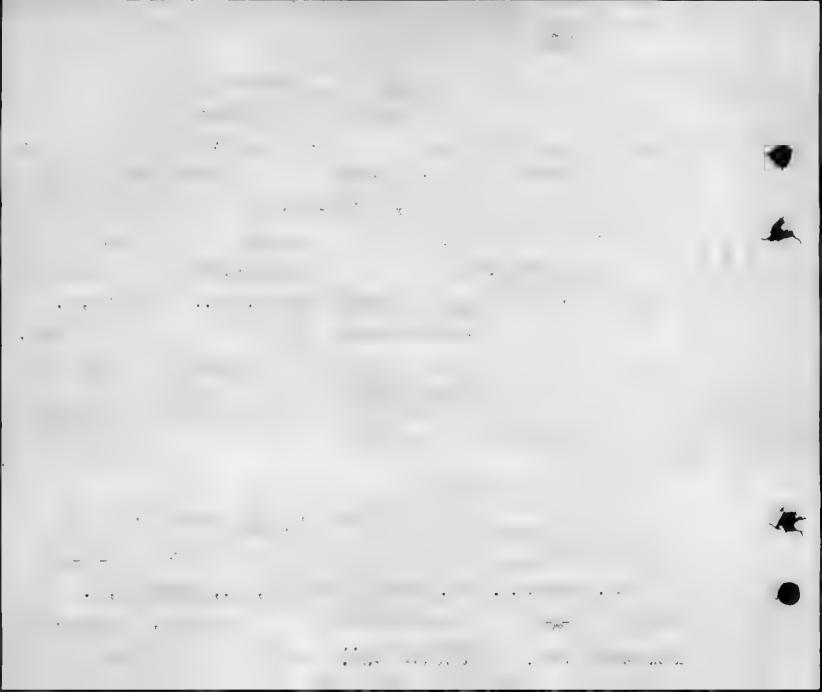
12. CITIZEN OF WHAT COUNTRY!

USA

ON A FARM?

VR A15 (4) 15M 9/60

RUCK FUNERAL HOME



RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY neral director. Page ed for your files. 6. COUNTY e. STATE Cecill Delaware MARYLAND enna. h CITY OR TOWN (f outside corporete limits, c. CITY OR TOWN (If outside corporete . m ts, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Charlestown days Haverford Board d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO State | Wellwood Marina Haverford 06 3. NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 196 HONRY FREDERICK MARQUARDI Aug. 9. AGE (In years | IF UNDER 1 YEAR With 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. may 2 witl lest birthdey) Months | Devs and 1, 2, and 2 mg 2 nd 2 nd 2 nd 72 hours 55yrs. Male MIDOWED ! DIVORCED 10e. JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Page 17. Milee along with form PM3, Page urial-transit permit. File pages I an oval, and in any eyent within 72 done during most of working life, even if retired) U_S_A. Sales School Supplies Elizabethr 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Henry F. Marguardt Elfrida No Information 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) ((If yes give were relessof service) Mrs. Eve Marguardt, Haverford, Penna. no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] **INTERVAL BETWEEN** ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if env. which (6) geve rise to immediate cause DUE TO (e), stelling the underlying Examiner' cause last. nsed (c) PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremafi execute the certificate, writing the word and be forwarded to the Chief Medical ENERAL DIRECTOR: Page 3 should be NO 200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f, (City or town) age to be 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) fectory, street, office bldg., etc.) Not While Hour e.m. While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, Natural causes death resulted from: Accident [Suicide Homicide I Undetermined manner CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, of county NAME (Type) 226 BURIAL CREMAT 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Q40 p 0 Buri al Evergreen Elizabeth N. J. 24e. REC'D BY REGISTRAR J 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME 3 1 '61 arthur & Thous 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director funeral

offen

VS A1S (4) 15M 9/SB



FOR STATE BEALTH DEPT DEVOIT MEDICAL EXAMINER: This certificate should be executed within 24 hou. For death, if s. Calay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 11, 2, and 3 to the luneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State Board of Bealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DE MS. ATEME

5M 9/60

MADVIAND STATE DEDARTMENT OF HEALTH

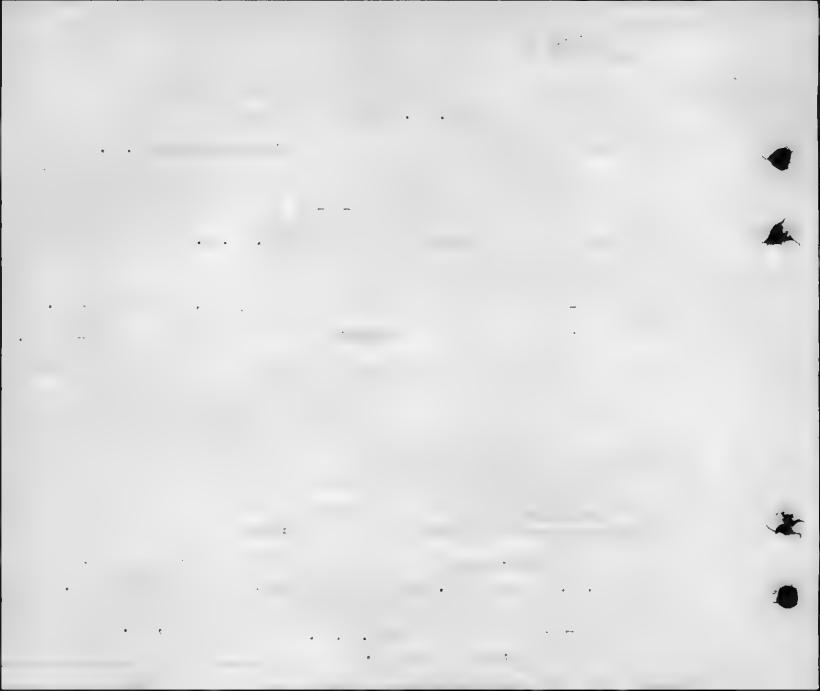
MAKIEMID SIATE DEFARIMENT OF DEALIN	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
9029MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02021

1. PLACE OF DEA	тн		2. USUAL RESIDI	ENCE (Where decess	ed lived, if inst	tution: Residenc	a belore edm ssion)
Cecil	•	MARYLAN	e. STATE Md.		6. COUNTY	1 Tr	
b. CITY OR TOWN write RURAL a	(if outside corporate limits, nd give neerest town)			N (If outside corporate			nearest town)
d. NAME OF HOS	ON INSTITUTION (IF	D.O.A.	Elkton d. street Adore	55 11	- TT-		e. IS RESIDENCE
Unior	Hospital		₩ 🕭		1_		ON A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	Cecil	Junior -	Osborne	DEATH	8	1	1 6 I
5. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH		A CONTRACTOR OF THE PARTY OF TH		IF UNDER 24 HRS.
M		WIDOWED OIVORCED	9-14-1934	26	birthday) Me	onths Days	Hours Min.
done during most of	ATION (Give kind of work working life, even if refired)		JSTRY 11. BIRTHPLACE (SI	eta or foreign country)		12. CITIZEN OF	WHAT COUNTRY?
Laborer	r	GENERAL	N.C.			U.S.A.	
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME			
	cey Osborn		Laurie I	Eldrith			
15, WAS DECEASED I	YER IN U.S. ARMED FORCE (Ifyesgive werer detasofser	S7 16. SOCIAL SECURITY NO. 1	7. INFORMANT		Address	_	
n0	,,		Fred Miller	r. Elktor	R.D.	L. Md.	
18. CAUSE OF	DEATH Enter only one of	nuse per line for (a), (b), end (c).]			,	i INTE	RVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY, IMMEDIATE CAUSE (a)	Drowned				ONS	SET AND DEATH
) / TOUE TO				_		
Conditions, if	is which wo						
gave rise to imme	diate cause	········					****
(e), stating the cause last.	underlying						
	ER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONI	NITION CIVEN	IN DART 1/-1: 10	WAS AUTORS
	CK SIGNIFICANT CONDING	NAS COTTAGORAGE TO DEATH	THO I NUMBER TO THE TEN	WHAT DISEASE COM	ALION GIVEN	14 FART 1(8) 15	PERFORMED?
5							ES NO
PRIMERY OF DEAT	ONTRIBUTING [. DESCRIBE HOW INJURY OCCURE	D. (Enter nature of Injury In :	Part I or Part II of Item	18.}		
		Walked into cr	eek and sar	nle			
20c. TIME OF IN			PLACE OF INJURY (Home, I factory, street, office bldg.,	arm, 20f. (City or to	wn)	(County)	(State)
9 50 p.m	0 - /-	While Not While at work at work	k Croak	Elkton	. (Cecil	Md .
21. I certify	that I took charge of	the remains described above		Inspection			in my opinion
death resulted	from Natural caus	ses Accident A.	uicide Homicid	ie , Undeter	mined mann	ner [
	() no h		CHIEF MEDICA	AL EXAMINER			
ACTUAL SIGNATURE	14 X CA	Houns	MAD ASSISTANT M	NEDICAL EXAMINER]	ומ	ATE SIGNED
				CAL EXAMINER 📑	8-	+1+61	
NAME (Type)	R.C.DodsoM	.D.	A Britasia	Agiry, Sungcoul	d.	7,002	
22a. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETER		22d. LOCATION	City, lown, or		(Stale)
REMOVAL	" 8/2/61			WEST	E FFER.	SON, /	V.C.
23. FUNERAL DIRECT		ADDRESS	Sec. 27 1 7 77 1	REC'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATU	
PIPPIN FO	NERAL HING	Smoldh. Du	Md DATE	AUG 7 '61	Curi	un S. Thras	A.B.



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The lar thendir s been surial-t	י, כו פו
IAN: al or a sate ha	
HYSICIAN: The law requires that the death certificate be executed within 24 hours after the hospital or attending physician. It is cartificate has been signed by the attending physician and complexify filled in by the funeral for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should	
G PH oy he or this	
I.B. OR F. ENDING PHYSICIAN: The law requires that the death certificate be executed within 2 the regard may be retained by the hospital or attending physician. **UNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexity filled in the complex of the physician and complexity filled in the trace, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and with the carbon papers.	5 -
20 E	
OR DIRE	D
TAL OR H 3ge 4 may b INERAL DIREC or, page 3 should	1
death O FUNI director,	3
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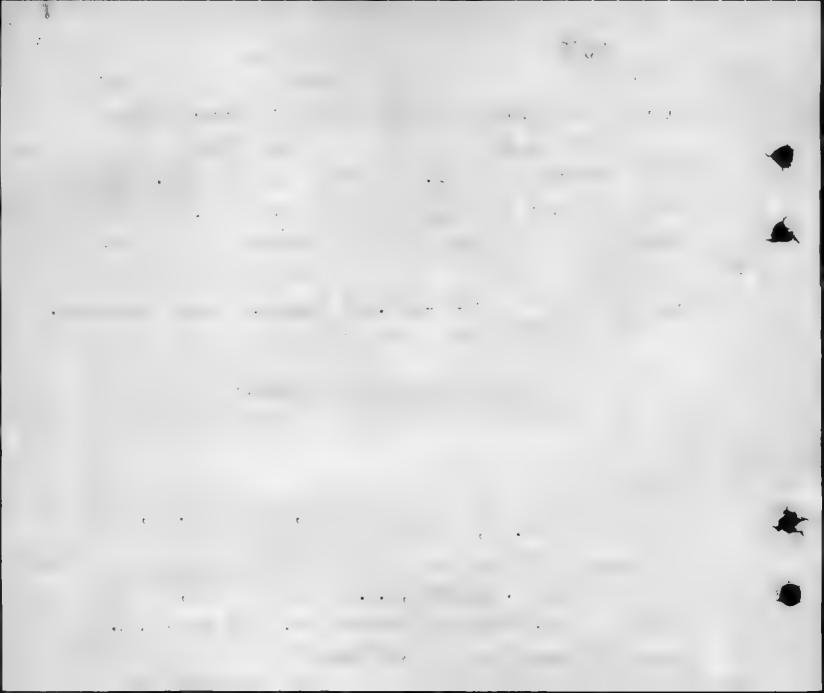
	MARYLAND STATE DIVISION OF STATISTICAL RESEARCH AND RECORD	DEPARTMENT OF HEALTH
		DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ITE OF DEATH (1902)
i,	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edm.ssion)
	Cecil MARYLAND	o. STATE District of Columbia
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give necrest town)	
	Perry Point d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress)	lays Washington
V	eterans Administration Hospital	2813 Bellevue Terrace, N. W. YES NO.
3.	NAME OF First Middle	Last A. DATE Month Dey Year
	DECEASED (Type or print) FRANK (NMI)	PACH DEATH August 7 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	2-22-89 12 yrs.
10a de	USUAL OCCUPATION (Give kind of work post of working life, even if retired) 10b. KIND OF BUSINESS OR INDUS	STRY 11 81RTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY?
	Salesman Bakery	Washington, D. C. USA
43.		14. MOTHER'S MAIDEN NAME Pauline Auth
15.	William Poch Was deceased ever in J.S. Armed Forces? 16, Social Security NO. 17,	
	s, no, or unkown) [[fyes give wer or detes of service]	
		Hospital Records, VAH, Perry Point, Md.
	18. CAUSE OF DEATH (Enter only one cause per ine for (e), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	PART DEATH WAS CAUSED BY: Ventricular Arri	hythmia 10-15 min.
	T do DUE TO	
	Conditions, if ony, which \ (b) Arteriosclerotic	c heart disease unknown
	geve rise to immediate cause (a), steting the underlying DUE TO	
	cause lest,	
z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY
¥IK	Arteriosclerosis	generalized severe YES T NO
Ĭ	206. ACCIDENT WAS UNDERLYING TO 1 206 DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I of Fert I of Item 18.)
3	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
₹	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P.	PLACE OF INJURY (Home, farm , 2Df. (City or town) (County) (State)
Ž.	Hour e.m. VA 19 et work et work	actory, street, office bldg., etc.)
		November 18 1926, 10 August 7, 1961xxxxxxxxxx
		nat death occured 6.6.3.0.300 from the causes and on the date stated above
	22e. SIGNATURE	
	a L. mooney	ATTENDING MED. STAFF M.D. PHYS DIRECTOR PHYS. SIGNED 8-7-61
	22c. PHYSICIAN'S NAME (Type) A T. MOONEY Aget Clinics	22d. ADDRESS
	A. B. HOURST ASSOCITATION	al Pathologist, VAH, Perry Point, Md.
134	BURIAL, CREMATION, 23b. DATE THEREOF 23c. MANE OF CEMETER'	
9		n National Arlington, Va
y	TOTAL CONTROL SON	
_	Joseph Gawlers Sons, 1756 Penna Ave	e.NW DATE AUG 9 '61 College & Thomas





AARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND RECORDS** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 7 USUAL RESIDENCE (Whata deceased lived, if institution, Residence before admiss on) . COLNTY b. COUNTY MERVIAND E. LENGTH OF STAY N 16 c. CITY OR TOWN (If outside corporata I m ts, write RURAL and g va nearast town) b. CITY OR TOWN (if outside corporate limits, Principio Furnace Rura Principio Furnace. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) a. IS RESIDENCE ON A FARM? Station Lane Station Lane YES NO 3. NAME OF 4. DATE Middle DECEASED Francis H. (Type or pant) DEATH 29 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR, IF UNDER 24 HRS. lest birthdey) Months Male WIDOWED I DIVORCED [10a. USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Day Marvland S 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15 WAS DECEASED EVER N L.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or defes of service) 217-03-3111. Jane Hammond, Principio Furnace, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cerebral Thrombosis MAMEDIATE CAUSE (a) DUE TO gave rise to immediate cause Hypertensive Arteriosclerotic Heart (a), staling the underlying PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW NURY OCCURED, (Enter neture of injury in Pert I of Pert II of Iem 18.) WEDICAL 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, ; 20f. (City or lown) (County) 20c. TiME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While et work af work 21. I certify that (I) (this hospital) attended the deceased from June 11, ..., 19.60 to Aug. 29, 1961, that (I) (we) last saw the deceased alive on Aug. 22b. DATE ATTENDING 22a. SIGNATURE DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Havre Grace, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) BURIAL CREMATION, 236. DATE THEREOF Jones Memorial Cem. Port Deposit Md. Rural 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Perryville Md DATE

12g by the and 2 death, filled S FUNERAL ector, page ÷ 2 OH VR A15 (4) 15M 9/60



033 CERTIFICATE OF

Reg.	Dist.	No.	()	n:	2:	3

		3033		CERTITION	97.1	a or bearin	•		Reg. Dis	t. No. 🥳 [163
1. PL	ACE OF DEATH			<u> </u>	2.	USUAL RESIDENCE (WI	nere decease		on: Residenc	e before odmi	ssion)
0.	Cecil			MARYLAN	D	o STATE Paryland		b. COUNTY	Cec	17	
ъ.	CITY OR TOWN (II	outside corporate timi	ls, write	c. LENGTH OF STAY IN 1	ь	E. CITY OR TOWN (If "		prote limits, write R	<u> </u>		vn)
	RURAL and give ne	,		3 days		Elkton.	10	.D. 3			
d	ELKTO NAME OF HOSPIT	LL AL (If not in hospitol, g	ive street	1 0 0 0	J	d. STREET ADDRESS		• 0 • 0		n. IS RE	SIDENCE
	OR INSTITUTION	Hospital								ON.	A FARM?
. N.	AME OF	Fire	sl	Middle	_	[*] Last	4. DATE	Mor	ith	Day	Yeor
	ECEASED ype or print)	Ralph	1.	J. Sp	eak	man, Sr.	OF DEATH	August		17.	19 6
. SE	X	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	7	ATE OF BIRTH		9. AGE fin years		TYEAR IF UND	DER 24 HR
	Male	White	WIDOW	ED DIVORCED	Ma	y 9, 1395	}	lost birthdoy) GG yrs.	Months	Doys Hours	Min,
0a.	USUAL OCCUPATIO	N (Give kind of work of	one 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote	or foreign o	country)	12 CITIZ	ZEN OF WHAT	COUNTRY
	Machini	ing life, even if retired)		Thickol Cor	p.	Pennsylv	ania		U	.S.A.	
	ATHER'S NAME	-1 -			1	MOTHER'S MAIDEN N	NAME				
	οTo	shua Spea	kmai	n		Carrie	Sha	de			
S. W	AS DECEASED EVE	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT		Add	ress R	D 3	
(Yes.)	no, or unknown)	If yes, give wer or done of se	ervice)		Tro c	Anna Chi	Apat	er Speal	It o	Elkb	hn
-					1.13.0	Atlita U. 1	-U CD U	er bhear	will of IT		
- {1		h '		ne for (a), (b), and (c).]	7	la ann a annala a				INTERVAL B	ETWEEN D DEATH
PART I. DEATH WAS CAUSED BY Corebro-vascular homorrhage 2 3 9 9 9											
	Conditions, if or)	Hypertensi	ve i	cardiovas	cular	diseas	е	unkno	Wn
gove rise to immediate couse (a), stating the <u>under-land</u> Lying couse last.											
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH I	BUT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIV	/EN IN PART	PERF	ORMED?
	20a ACCIDENT WA OR CONTRIBUTING IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	inter noture of injury in	Part I or Pa	rt (I of item 18)			
MEDICAL ™EDICAL	Oc. TIME OF INJUR	Month, Doy, Yes	or 20d. I	NJURY OCCURRED 20e	PLACE	OF INJURY (Home, form	, 20f. (Cit	y or town)	(C	ounty)	(Stat
	Hour o.m.	19	While		toctory	, street, office bldg., etc	-)				
21. I certify that I attended the deceased from Aug. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19							$\frac{7}{100}$				
									st saw the		
- 1	olive onA	18450 10	, 19_	ond that de	oth oc		- ,	the couses or			
	/	the of D		~ 11		222		itreet, city or town, Lin Stre		8/17/	TE SIGNI
	ACTUAL SIGNATURE	IND CAL	Jun	/(M.D.	433	r. Ne			0/ 11/	
	PHYSICIAN'S NAME (Type)	RALPH .	ANDF	EWWS, JR.,	M.:	D	Elkto	on N	[aryl:	and	
220.	BURIAL, CREMATIO	N, 22b. DATE THEREO	F	22c. NAME OF CEMETER	Y OR CE	REMATORY	22d. LOCA	TION (Cily, town,	or county)	(Ste	ole}
	REMOVAL (Specify)	8/19/61		Union Cem	iet e	ery	Un	ion. Ma	rylar	ıd	
g. Fl	UNERAL DIRECTOR	SIGNATURE /	- /	ADDRESS		24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG	SNATURE	
	1066	£ 2/10	, 6.	Elkton	MA.	DATE AN	tr 1	61 /	13 - 9	House	

rs after death Page 4 In by the funeral director, and 2 should be filed with completely filled Pages 1 TO HOST. OR ATTEN SPHYSICIAN: The law requires that the death certificate be estimated may be recioned by the Positial or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple page 3 should be detached for use as the Eurial-transit permit. Then please remove carbon papers the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

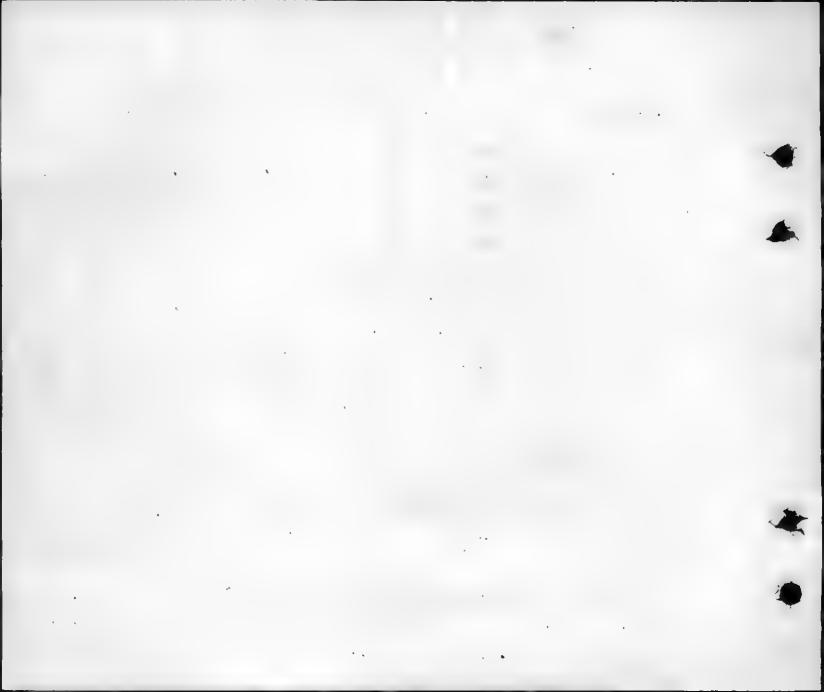
VS A1S (4) 15M 9/S8



9034 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND ECIL CEC14 funeral uld bet b, CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL OCO SHE DEOTOS TOPE AR E -HESAPEAGE d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NOT NAME OF 4 DATE Middle Manth Day Year DECEASED STATKAVIG DEATH (Type or print) PACIAWSKI 196 6 COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last bythday) Months WIDOWED D DIVORCED | papers. campl 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIFE and carban after 13. FATHER'S NAME E D physicio 72 haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMAN** Address attending 1 ease INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH 己 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if ony, which been signed gave rise to immediate DUE TO couse (a), stoting the underburial-transit lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Yeor 20d. INJURY OCCURRED (County) (Slote) foctory, street, office bldg., etc.) Haur a.m. While Nat while 19 at work at work 🔲 p. m. 21. I certify that I attended the deceased from Z 19_1/that I last saw the deceased alive on \ and that death accurred a AM/from the causes and an the date stated above. JADBRESS (Street, city or lown, stole) **ACTUAL** SIGNATURE PHYSICIAN'S FUNERAL NAME (Type 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Slate) abod REMOVAL (Specify) MAL 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE in in the Through VS A15 (4) 15M 9/5B

death

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

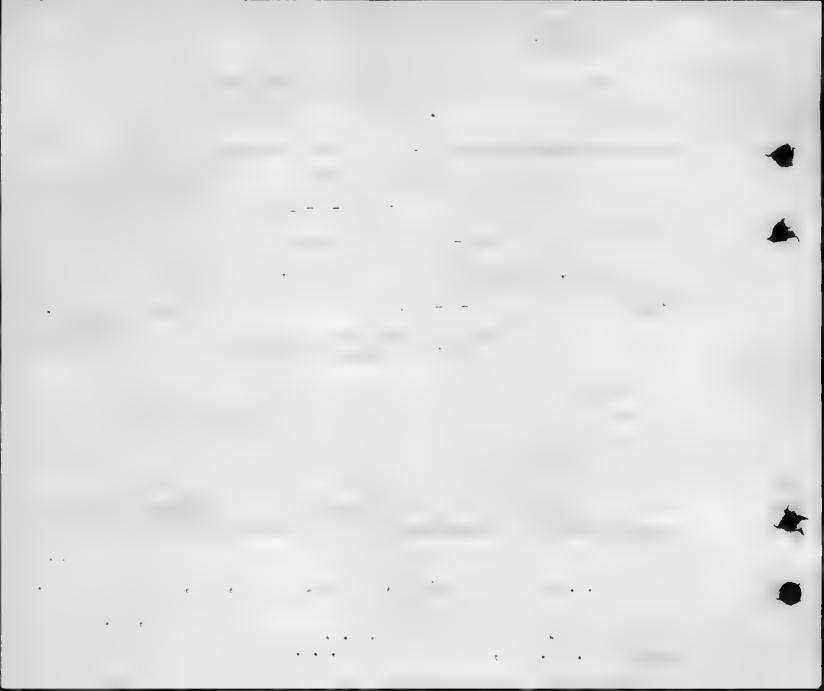
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 130127 9035

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
IVI	e. COUNTY	e. STATE b. COUNTY . /.
(1 V)	Cecil Maryland	Maryland
	b. CITY OR TOWN (if outside corporate (imits, C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest fown)
	write RURAL and give neerest town)	
	Perry Point 1 mol 2 days	Hyattsville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS Le. IS RESIDENCE
, e		ON A FARM?
10 6	Veterans Administration Hospital	4104 Gallatin / YES NOK
*	3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	DECEASED	OF
	(Type or print) ALLEN LAVERNE	SUIT DEATH August 1 1961
		DATE OF BIRTH 19. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.
	7. MARKIED NEVER MARKIED	last birthdey) thanks Dave House this
	Male White WIDOWED DIVORCEDIA	11-20-01 59 yrs. Months 2003 Miles
	108. USUAL OCCUPATION (GIVE kind of work 106. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	done during most of working life, even if retired	
	Paper Hanger Self-employed	Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	,	,
	Everett M. Suit (deceased)	Hannah E. Allen (deceased)
	15. WAS DECEASED EVER IN L. S. ARMED FORCES? 1.16 SOCIAL SECURITY NO. 1.17 TR	VFORMANT Address
	(Yes, no, or unkown) (If yes give were reference)	
	Yes WW-II 579-07-6021 Ho	spital Records, VAH, Perry Point, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	A STATE OF THE STA	ONSET AND DEATH
	IMMEDIATE CAUSE (e) Metastatic anapl	astic carcinoma unknown_
		e undetermined)
		e autre termined)
	Conditions, if eny, which (b)	
	geve rise to immediate cause	
	(a), sering the underlying	
	ceuse lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PERFORMEDI
r	101	YES NO 🙀
ş.		(Enter neture of injury in Peri I or Pert II of item 18.)
	OR CONTRIBUTING CLAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While facto	ry, street, office bldg., etc.)
	P.m. VA 19 et work el work	<u> </u>
	21 I coutify that TV White Boy Will attended the deceased from	June 30 1961, to August 1, 1961 xxxxx (17 xxx) xxx
	36WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	death occured al. 2.00%, peom the causes and on the date stated above.
1	22e. SIGNATURE	22b. DATE
- 1	4 ()	ATTENDING MED. STAFF PHYS. X 8-2-61
	(a) · D · Cerry	
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) B.S.LINN Chief Resident, S	urgical Service, VAH, Perry Point, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	
	REMOVAL (Specify) [Lug 4 - 6 Epithany	Forrestville, Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS WAS h.	De Ca Decid by Registrate Lack Decistration
	Simmons Bros. Fun. Home, 1661 Good Hope	Rd. S. BATE AUG 4 '61 Circhen S. Thomas

funeral vithin 24 hours after TO HO TAL OR A NOTING PHYSICIAN: The law requires that the death certal fets be executed within 24 hours death. Tage 4 may be related by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then places requove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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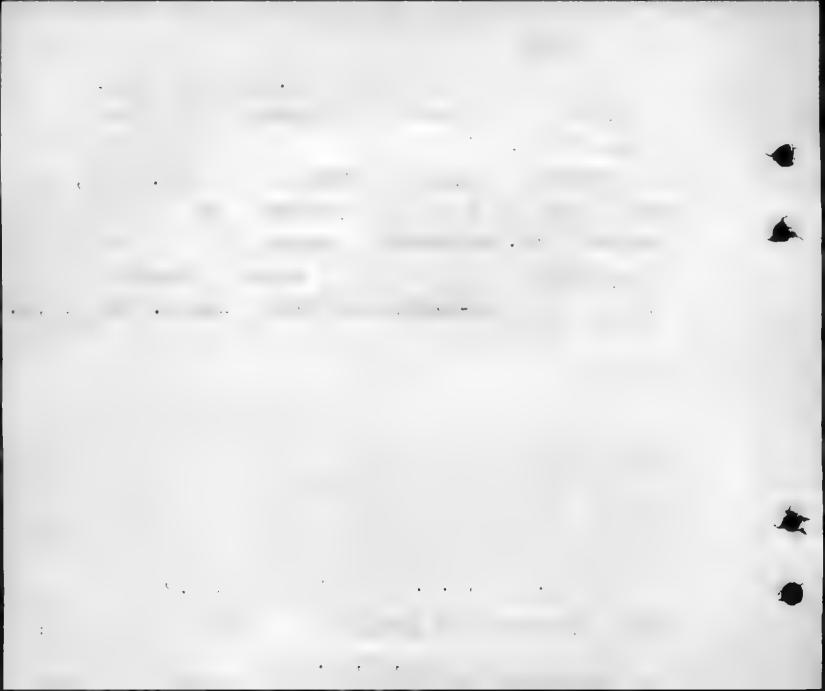
1.5			903	36	CER	IIFICA	IE OF D	EAIH				1131	128
A		PLACE OF DEATH						DENCE (Wh	ere deceased	lived. If institute	on: Residence	before ad	mission)
	٩	o. COUNTY	ECIL		٨	MARYLAND	o. STATE	MD.		b. COUNTY	CEC	TI.	
1	ŀ	RURAL and give no		ste limits, write	c. LENGTH OF	TAY IN 16	c CITY OR	TOWN (If o	utside corpor	ote limits, write R	URAL and gi	ve nearest	lown)
/			CTON		9 week	cs	X cor	NUMBER	GO		RUR	AL	
	-	d. NAME OF HOSPIT OR INSTITUTION	AL (it not in has	pital, give street	oddress)		à STREET A	DDRESS				e. IS	RESIDENCE N A FARM?
3	_	UNION	HOSP	TTAL									□ NO 🗹
		NAME OF DECEASED		First	M	iddle	Lo	il .	4. DATE OF	Man	ith	Day	Year
	(Type or print)	HORACE		WILLARD		TAYI	OR	DEATH	AUG	·	23.	19 61
	5 \$	EX	6 COLOR OR	RACE 7, MAR	RIED NEVER M	ARRIED 🗍 8	DAJE OF 8IRT	Н		9. AGE (In years lost birthday)	Months (NDER 24 HRS urs Min.
		MALE	WHITE	WIDOW		ORCED 🔲	2/6	/ 188	6	7.5 yrs			
	10a.	during most of worl	DN (Give kind af king life, even if	work dane 10b retired)	KIND OF BUSINE	SS OR INDUS	TRY 11 8 RTHP	LACE (State of	ar foreign ca	unitry)			AT COUNTRY
		CARPENT	TER	RET. S	FIF EVE	LOYED	MAI	RYLAN	D		US	A	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN'N	IAME				
		JOHN	TAYLOR	5000000				FRAN	CES		ARTY		
	T5. (Yiis	WAS DECEASED EVE	IR IN U. S. ARME (If yet, give war or d	D FORCES? 116	SOCIAL SECURITY	1 NO 17, IN	FORMANT			Add	ress		
		NO			19-61-6	<u> </u>	ALPH T	AYLOR	1	4th ST	.OCE		ITY,M
		18. CAUSE OF DEA	ATH {Enter only ATH WAS CAUSE		ine for (a), (b), one	1 (c).]			- 41	1			ND DEATH
		1 1 2	IMMEDIATE CA	USE (a)	MCINONO	of de	MOLL C	Telon_	E /4	etactasi			
		105.	7	DUE TO		Đ							
		Conditions, if a gave rise to i	mmediate	(b)									
		cause (a), stating lying cause last,		DUE TO									
	z		HER SIGNIFICAN	(c)	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THETERMU	NAL DISEASE	CONDITION GIV	/EN IN PART	1(a) 19 W	'AS AUTOPSY
17	FICATION										****	PE	REORMED?
1		20a ACCIDENT WA	AS UNDERLYING	20b. DES	SCRIBE HOW INJU	RY OCCURRED	(Enter nature o	of Injury in F	Port 1 ar Part	II of item 18)			
	CERT	OR CONTRIBUTING	G ☐ CAUSE OF E MEDICAL EXAM	DEATH INER)									
	¥ S	20c. TIME OF INJUR	RY Manth, Da	y, Year 20d.	INJURY OCCURRED		CE OF INJURY			or town)	{Cc	ounty)	(Stote
	MEDICAL	Hour o.m.		19 While		n fac	ary, street, affic	e bidg., etc.	1				
		21 f certify the	at (I) (this ha	soutal) atten	ded the decea	sed from	Jeens 1	6 19	€1. to	Aug 23	10 6	1 that /	l) (we) las
4		saw the decease		Λ	2 1		7/	209		the causes an			
1		220 SIGNATURE	_	0									22b DATE
		tra	nd D.	Houl	e-	,	I.D PHYS		ED RECTOR	STAFF PHYS.	Aug	24	1961.
		22c PHYSIC:AN'S NAME (Type)	Frank I	1) Haub	er. M. L)	22 6 Abg	ESOUT	halhio	n Hye.,	1		
		,,,,,,,	1 /WILL Z	o, naao	ercy 116 L	'•	παν	re De	grace	, i'ld.			
	23a	BURIAL, CREMATIC REMOVAL (Specify)	ON. 236 DATE 1	THEREOF	23c NAME OF	CEMETERY OF	CREMATORY		23d LOCAT	ION (City, town,	or county)		(State)
	1	URIAL	8/26	/1961	WEST	NOTTI	NGHAM	γ	COI	THE STATE OF THE S			MD:
	34	FUNERAL DIRECTOR	SSIGNATURS	1.16	ADDRESS			250 REC'I	D BY REGISTI	RAR 25b. REGI	STRAR'S SIG	NATURE	
	4	is inner	111-114	eiteen	RIST	NG SU	I MD	DATEHO	2 8 161	Out	Lug J. A.	and the	

RISING SUN, MD.

s after death. Page 4 may be retained by the espital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove marban papers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. ed within 24 PHYSICIAN: The law requires that the death certificate be ex

TO HOS VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH



death go 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be before the prior to burial, cremation, or removal, and in any event, within 72-hours after death. rithin 24 hours after The law requires that the death NDING PHYSICIAN:

TO H

15M 9/60

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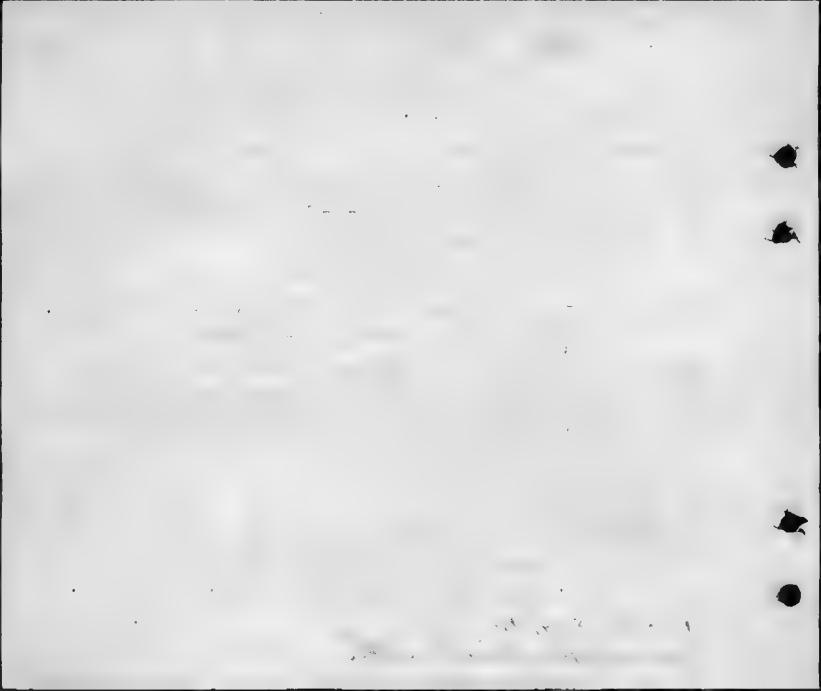
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

() () () () () 9038

a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Cecil MARYLAND	New York b. COUNTY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Perry Point 2 yrs.	Bronx
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS a. IS RESIDENCE
Veterans Administration Hospital	2706 Kingsbridge Terrace YES NO NO
3. NAME OF First Middle	Last 4 DATE Month Day Year
DECEASED (Type or print) ELEANOR (NMI)	THORNE DEATH August 8 19 61
	DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
Female White WHOWED DIVORCED '	7-11-71 90 yrs. 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, even if ratirad)	
Nurse Private Duty	England USA
	14. MOTHER'S MAIDEN NAME
John Armstrong	Elizabeth (?)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) [(Ifyasgivawarordatasofsarvica)	NFORMANT Address
	spital Records, VAH, Perry Point, Md.
18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
PARTI DEATH WAS CAUSED BY. Ventricular Fibrid	lation 5-10 Minutes
45 0 0 DUE TO	
Conditions, if any, which (b) Arteriosclerotic H	eart Disease, Severe (Years)
gave rise to immediate causa	
	Generalized (Years)
	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8), 19. WAS AUTOPSY
	PERFORMED? YES WE NO
200. ACCIDENT WAS UNDERLYING 17 1 20b. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Part I or Part II of Itam 18.)
Gangrene of left foot 20b. Accident Was underlying 20b. Describe How Injury Occured. OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	12(10) 1012 2 3 11 [21] (1.72. 1.3. 1.3. 1.3. 1.3. 1.3. 1.3. 1.3. 1.
	E OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m While Not While factor	ry, streat, office bldg., etc.)
21. I certify that (This Rospital) attended the deceased from	august 14, 1959, to August 8, 1961xthat fix fixed for
sawnienderensed mive porkink with an arminest selection of the control of the con	death occured at 500 priron the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
a. L. moren city MC	ainsa Canada Can
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) A. L. MOONEY Asst. Clinical	Pathologist, VAH, Perry Point, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	
REMOVAL (Specify) 8/14/194/ Baltimore	National Baltimore, Md.
24 FUNERAL DIRECTOR'S AGNATURY APPRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(Description of the Mound of Come of the	DATE AUG 1 5 '61 Chilling S. Kraus



FOR STATE **HEALTH DEPT** DELATY REDICAL EXAMINER: This certificate should be executed within 24 hours, or death, if at yellow is necessary, lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. Interest DIRECTOR Pages 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Ordealth, it is designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

7469 VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09031

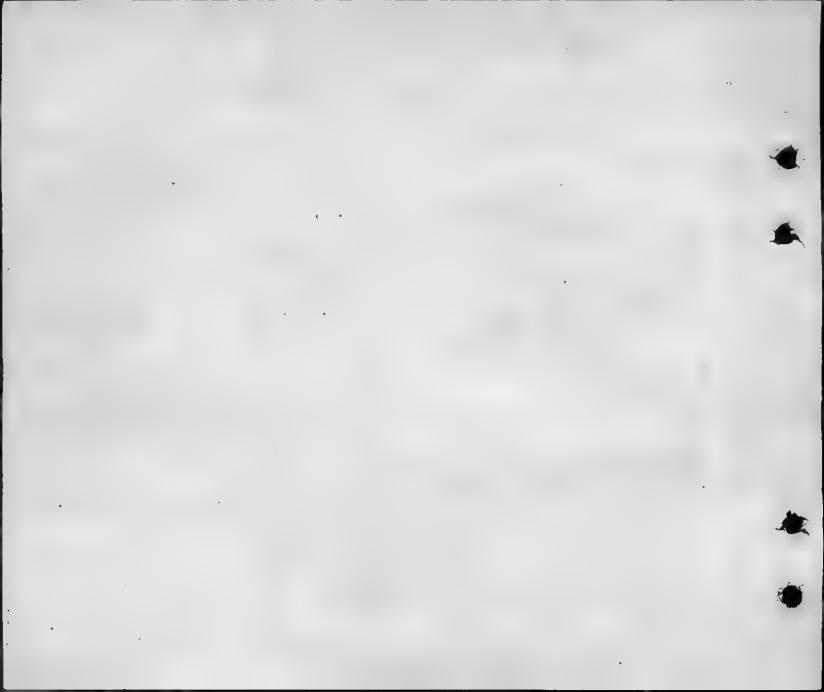
i. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if Institution, Residence before admission)
Cecil MARYLAND	a. STATE b. COUNTY Pa
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
North Rast Rural few days	Arbacadh and R.D.1
d. NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street eddress)	d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
Nazerine Camp Grounds	YES NO +
3. NAME OF First Middle	Last 4, DATE Month Day Year OF
(Type or print) Mabel Kietswo	orth DEATH 8 6 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
F W WIDOWED DIVORCED	1-12-1900 61 yrs. Months 5075 Months
10e. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Housewife	Pa. U.S.A.
13. FATHER'S NAME	14, MOTHER'S MAIDEN NAME
Michael Kessler	Laura Slotterback
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyasgivewerordelesofservice) 200-72-8895	Wilbur Fietsworth, Ashland, Pa.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	ONSET AND DEATH
#MMEDIATE CAUSE (e) Acute Coronary	Occlusion
O , DUE TO	
Conditions, if eny, which (b) Arteriosclerosis	s
geve rise to immediate cause (e), stating the underlying DUE TO	
cause lest.	
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT A	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	***
2	LACE OF fNJURY (Home, ferm, 20t, (City or town) (County) (State) actory, street, office bldg., etc.)
Hour a.m. While Not While at work 19 at work 1	
21. I certify that I took charge of the remains described above, I	held an Autopsy . Inspection x Inquiry and in my opinion
death resulted from Natural causes Accident Su	rcide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL // XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE	M.D.
EXAMINER'S NAME (Type) R.C. Dodson	Rising Sun Md. 88-6-61 Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
REMOVAL (Specify) 8-11-1961 males	11 B mold & chulling C. Ga
23. FUNECAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	mal pare Alig 9 '61 Coulog & Kings
Joseph & Trank north East	Med I DATE AUG 9 '61 Coulon S. France



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if institution; Rasidance before admission) director. Page or yaur files. a. COUNTY **b. COUNTY** Ceci1 Cecil Marvland MERVIAND b. CITY OR TOWN (if outside corporate lim is. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Elkton 8 days North East Rural Board d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Shadow Trailer Park YES NO X Union Hospital NAME OF Middle 4. DATE Year DECRARED the (Type or print) DEATH 24 1951 Aug. Randa11 Ward 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Y AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months WIDOWED [DIVORCED [11 Aug. 30, 1957 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Grundy, Virginia
14. MOTHER'S MAIDEN NAME pages i None 13. FATHER'S NAME Roaslie Fleming Longo T. Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO., 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Longo T. Ward Shadow Trailer Park North Bast 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN and In ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Office alor IMMEDIATE CAUSE (e) Peritonitis from ruptured intestine .8 days Fracture of Pelvis **DUE TO** Conditions, if eny, which geve rise to immadiate ceuse DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 'O 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 2 pw moulng Month, Day, Year 20d. INJURY OCCURRED. 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Siste) factory, street, office bidg., atc.) -16 - 61a.m. While Not While s execute the certificate, writed be forwarded to the CINERAL DIRECTOR: Pag el work Shadow Trailer Park North Past 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion agent, death resulted from. Natural causes Accident 🕝 Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER 8-25-61 EXAMINER'S NAME (Type) Address (Sireal, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Spacify) ₽40 p Va. Grundy Burial 8 - 27 - 61ADDRESS 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME oseph North East Maryland DATANG 2 B '61 5M 9/60 Oster-l-K

MARYLAND STATE DEPARTMENT OF HEALTH





FOR STATE HEALTH DEPT. TO DEVOLY MEDICAL EXAMINER: This certificate should be executed within 24 hours or death. If at Celay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

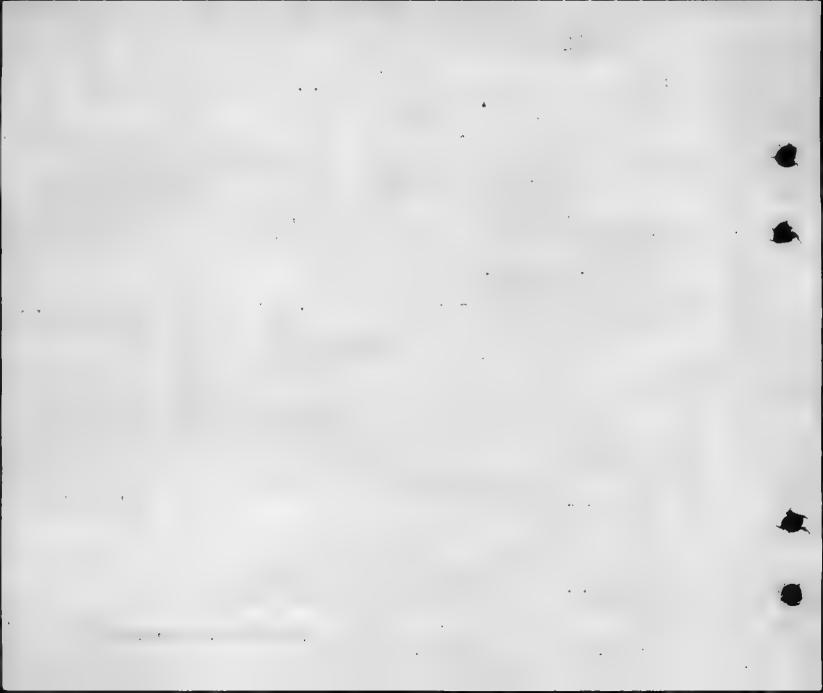
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with The State Board of Health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 9,60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09034 9042

ıî.	PLACE OF DEATH	2. USUAL RESIDENCE (W	/here decessed lived, If Institution: Residence before admission)		
	e, COUNTY	a. STATE	b. COUNTY		
1	Cecil MARYLAND	N.J.	Gloucester		
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c CITY OR TOWN (If outsi	da corporate limits, write RURAL and give nearest town)		
_	Rural North East 1 day	Glassboro			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE		
	Mile Media Odedea Barda		G 72-3 ON A FARM?		
	RIK Neck State Park	410 Frankli	DATE Month Day Year		
3.	DECEASED	Lasi 4, I	OF MONTH Day 168!		
1	(Type or print) Dorothy Nichols	Weir	DEATH August 6 1961		
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.		
1			last birthday) Months Deys Hours Min.		
	Female white WIDOWED DIVORCED	August 3. 1943	18 yrs.		
H	B. USUAL OCCUPATION (GIVE kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE Slata or for	nigh country) 12. CITIZEN OF WHAT COUNTRY?		
l °	HOUSEWILE itle, even if retired)	New Jersey	USA		
1.	, FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
1,		14. MOTHER'S MAIDEN NAME			
	Gilbert S. Nichols Sr.	Elvena Van	Note		
1:	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address		
10	(es, no or unkawn) (liyosgivewerordetecofservice) 149–34–7902	Tohn W Wain	410 Passistin Dd Office to a v		
-		John W. Well	410 Franklin Id Glassbop N.J.		
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Carbon_monoxide				
П	- Galoon monoxide boleoning				
Н	Tour to charcoal stove burning in small closed tent				
	Conditions, if eny, which \((b)				
1	geve rise to immediate cause DUE TO				
н	(a), stating the underlying cause last.				
1.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINAL D	SEASE COMPITION CIVEN IN DART 1(4) 10 WAS ALTONEY		
Ď	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SCATTI BUT NO	TALAILO TO TIL TERRITAL D	PERFORMED?		
13			YES NO EL		
ı	20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E	Enter nature of injury in Pert Lar I	Part II of item 18.)		
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.				
1 7	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CF OF INTURY (Home, farm, 26	Of. (City or town) (County) (State)		
WEDICAL	Hour s.m. While Not While fach		Rural North East, Secil, M		
124	3 p.m. 8-6- 1961 at work at work w	tate Park	Wilar Mortin mast, accounts to		
1	21. I certify that I took charge of the remains described above, he		ection X. Inquiry X and in my opinion		
П	death resulted from. Natural causes Accident Suici	Undetermined manner			
Н		INER [
	ACTUAL IN VIATRALA POM	ACCUSTANT MERICAL	EXAMINER TO DATE SIGNED		
П	SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL			
	EXAMINER'S R.C. Dodson Rising Sun, Md	DEPUTY MEDICAL EXAM	MINER X		
1	NAME (Type)	Address (Street, city, to			
2	B. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	CREMATORY 22d.	LOCATION (City, lown, or country) (State)		
	buria1 8-12-1961 Hill Crest	Russial Bank B	ast Pitman CloucesterN I		
2	3. FUNERAL DIRECTOR DE CONTRACTOR ADDRESS	746 REC'D BY	AST Pitman GloucesterN J		
	Joseph Regrant Worth East, Mary.	land			
L		L DATE AUG 1	4 '61 arily 8, thank		
-					



FOR STATE HEALTH DEPT

TO DELCIT MEDICAL EXAMINER: This certificate should be executed within 24 hou for death. If a fieldy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with fig. State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7,2 hours after death. VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9043 119035

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)			
e. COUNTY	STATE b, COUNTY			
b. CITY OR TOWN (if outside corporate limits, write RURAL end give necrest town) c. LENGTH OF STAT	0200000			
1	Glassboro			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ss) d. STREET ADDRESS l.e. IS RESIDENCE			
	ON A FARM?			
RIK Neck State Park	410 Franklin Road YES NO V			
DECEASED	Lesi 4. DATE Month Dey Year			
(Type or print) Tohn Charles	Weir 8 6 1961			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
WIDOWED DIVORCED	March 4 1041 Harpernouy Months Days Hours Min.			
	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. GTIZEN OF WHAT COUNTRY?			
done during most of working life, even If retired}	12. CHIZEN OF WHAT COUNTRY			
Machine Operator Cloise	r N.T. USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
John W.Weir	Complem Window			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Carolyn Minton			
(Yes, no, or unkown) (Il yesgive were releasefservice)				
no 142-32-211	O John W. Weir 410 Franklin Rd Glassboro M. I			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH			
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon m	nonoxide poisoning			
X DIT 4 DUE TO	The second secon			
	stove burning in small closed tent			
Conditions, if eny, which governing in small closed tent				
(e), steting the underlying DUE TO				
cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY			
ATA	PERFORMED?			
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCC	CURED. (Enter nature of Injury In Pert Lor Pert II of Item 18.)			
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Correct former regard for the fort of the first first for the first firs			
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (Stele)			
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 2 While Not While Not While at work at work x	factory, street, office bldg., etc.)			
7	State park Rural North East, Cecil, Mid			
21. I certify that I took charge of the remains described abo	ove, held an Autopsy . Inspection 3 Inquiry 3 and in my opinion			
death resulted from: Natural causes . Accident	Suicide . Homicide . Undetermined manner .			
() () () () () () () () ()	CHIEF MEDICAL EXAMINER			
ACTUAL AND TOPINON	ACCICTANT MEDICAL PVALIMED [7]			
SIGNATURE	m.b.			
EXAMINER'S NAME (Type) D C Dodson Dising Sun Md	DEPUTY MEDICAL EXAMINER August 9,1961 Address (Street, city, town, or county)			
NAME (Type) R. C. Dodson Rising Sun. Md 228. BURIAL, CREMATION, 226. DATE THEREOF 222. NAME OF CEME	TERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)			
23. FUNERAL DIRECTOR ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE			
Joseph R. Grant North Bast, Maryland	DATE RESO			
The state of the s	806 1 4 61 Carding 1 16			

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	MARYLAND STATE DEPAR	TMENT OF HEAL	TH
DIVISION OF STATISTICA	L RESEARCH AND RECORDS, 301	W. PRESTON STREET	, BALTIMORE 1, MARYLAND
9044	L RESEARCH AND RECORDS, 301 CERTIFICATE OF	F DEATH	09036

					11011	
1. PLACE OF DEATH			a. STATE	VCE (Where deceased lived, If institution b, COUNTY	ition: Rasidanca bafora admission)	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
Perry P	d giva nearast town)	37yrs.llmo.l		lmington	46 X-	
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	ot in hospital, give street address)	d. STREET ADDRESS		15 RESIDENCE ON A FARM?	
	Administrati	The second secon		reen Lane, Arden		
3. NAME OF DECEASED	First	Middla	Last	4. DATE Month	Day Year	
(Typa or print) 5. SEX	ROBERT		WHITESIDE	DEATH August		
Male		MARRIED NEVER MARRIED TO NOTE NOT	5-20-96	9. AGE (In years IF U last birthday) Mo.	nihs Days Hours Min.	
done during most of wo	TION (Giva kind of work arking life, even if ratirad)	Wholesale Leat Establishment	her Pennsy		2. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME		- 59 00 DIT SHEET!	14. MOTHER'S MAIDEN	NAME		
	ot available		Not avai	ilable		
5. WAS DECEASED EV	ER IN U.S. ARMED FORCES	cai	INFORMANT	Address		
	lfyasgiyewarordalasofsarvi WW-I		ospital Reco	ords, VAH, Perry	Point, Md.	
		usa par line for (a), (b), and (c).]			ONSET AND DEATH	
					10-15 min.	
42	4 2 O OUE TO					
Conditions, if any, which Calcification of aortic valve				unknown		
gava rise to immediata cause (a), stating the undarlying DUE TO						
causa last.	causa last. (c) Arteriosclerotic heart disease unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY					
PART II. OTHE		rteriosclerosis			PERFORMED?	
OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Hour a.m. p.m. VA 19 at work at work						
21. I certify that This manufit attended the deceased from September 109.23 to August 22, 181., the Chicalet						
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
22a. SIGNATURE	L. Moo	nou.	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b, DATE SIGNED 8-23-61	
22c. PHYSICIAN'S NAME (Type		5	22d. ADDRESS	3 4 37477 70		
20 BUDIAL FORMAT	ION 236, DATE THERED	F 23c. NAME OF CEMETER	Cal Patholog	23d. LOCATION (City, lown of	Point, Md.	
REMOVAL (Spoil	8/24/6	WW Memorial	Caranne	And on Williams	ton, Dolaware W	
Penningt	en Dal Jel	avre de Grace. M	d. DATE	All of Bolling real Files	A FLOUR	
	0-					

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September 10 22 tampe 22 61 radiation

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James British

ALL DORES OF STREET, DA
